

JPRS-TEP-91-006
15 MARCH 1991

Foreign
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JPRS Report

Epidemiology

AIDS

19980506 109

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Epidemiology AIDS

JPRS-TEP-91-006

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[This EPIDEMIOLOGY report contains only material on AIDS. Other epidemiology topics are covered in a later issue.]

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REGIONAL AFFAIRS

UK Parliament Says AIDS Not 'Answer to Africa's Problems'

*MB0303065691 Johannesburg SAPA in English
0038 GMT 3 Mar 91*

[Embargoed by SAPA until 0800 GMT 4 March 1991]

[Text] London March 3 SAPA—The growing incidence of AIDS and HIV infection was not a cruel answer to Africa's problems, a British parliamentary committee investigation into UK policy on South and Southern Africa warned in its report released in London on Monday.

"AIDS may reduce the population explosion, but it will also severely set back Africa's capacity to grow out of poverty," the House of Commons Foreign Affairs Committee said.

The disease would certainly put pressure on over-stretched and under-resourced health centres and above all, it affected predominantly young and middle-aged people in their prime productive years.

The committee dealt at length in various sections of its report on the socio-economic and political problems caused in southern Africa and South Africa, particularly by the population explosion.

"The rapid growth of the population of Sub-Saharan Africa forms the most urgent of its problems ... The growth is the highest seen anywhere, at any time, in human history.

"The rise is inexorable: even if fertility fell tomorrow to two children for each African family, the population of the continent would continue to expand for the next 60 to 70 years.

"Some would point to the growing incidence of AIDS and HIV infection as a factor which may render current projections of population growth inaccurate. It may."

The committee said government estimates of population growth in Zimbabwe, for example, had already been radically revised downward largely because of AIDS.

"We came across few reliable estimates of the extent of infection, but many horrifying anecdotes.

"In Harare, Zimbabwe, for example, AIDS is now the highest single cause of death in children under five. We were told that 60 percent of the Zimbabwean Army is said to be infected.

"One estimate suggests that HIV infections for the Sub-Saharan region as a whole may be as high as five million people, but AIDS is not even a cruel answer to Africa's problems."

KENYA

Medical Officer Gives AIDS Figures

*EA2002153191 Nairobi KNA in English
1523 GMT 19 Feb 91*

[Text] Nairobi, 19 Feb (KNA)—The director of medical services, Prof. Joseph Oliech, said there were about 9,000 AIDS cases in Kenya between 1984 and 1990. He however noted that a number of this total figure 9,000 had since died, adding that the Ministry of Health had undertaken a thorough research to update the current number of AIDS cases in the country. In a telephone interview with the director Prof. Oliech disclosed that there were about 200,000 cases of HIV positive, out [of] which (?42) [words indistinct] percent were children, with males and females equally accounting for the remaining percentage.

Professor Oliech said that a team of researchers led by the director of Kenyatta National Hospital Dr. Naftali Agata, in collaboration with the director of Kemri [Kenya Medical Research Institute], Dr. Davy Koech, were carrying out an intensive research to determine the side-effects of the Kenyan-discovered AIDS drug Kemron. The research is being carried out at provincial hospitals where AIDS patients are being tested on the drug, Kemron.

Kenya Ranks Third in AIDS Cases

*WE022791 Nairobi KENYA TIMES in English
27 Dec 90 p 17*

[Article by Daniel Kamanga: "AIDS: W.H.O. Ranking Places Kenya Third"]

[Text] Kenya is now the third country with the highest number of AIDS cases according to the latest World Health Organisation statistics made available to the KENYA TIMES at an International Congress on AIDS held in Bangkok, Thailand.

The five-day congress was organised by the Chlabhorn Research Institute and focused on the Impact of AIDS on Developing Countries.

In an interview with the KENYA TIMES, a WHO consultant, Mr. Roger Bernard, said the latest statistics indicated Kenya was third after Malawi and Uganda in the number of AIDS per 100,000 of the population.

The ranking consists of 26 countries meeting various criterion, among them consistency in availing statistics to WHO.

During the 1 December World AIDS Day the minister for health, Mr. Mwai Kibaki said the country had over 11,000 AIDS cases. Mr. Kibaki said the country has over 200,000 HIV carriers and pointed out that "this disease is with us whether we like it or not."

Kenya's representative to the Bangkok congress, Dr. Richard Muga, said the new ranking "should not be merely seen as a scaring figure, but should be taken to reflect the seriousness of the disease." He said the rank

"comes as a result of government backing to the anti-AIDS crusaders and efficient reporting procedures."

Dr. Muga pointed out that if other Third World countries established better reporting systems then the "true ranking" would emerge. He moved participants to tears as he explained the growing dimension of children with AIDS in Kenya and Africa as a whole.

"The question of paediatric infections provides a great dilemma to family planning," he said, and explained that the medical profession was divided on whether a mother should breast-feed her HIV infected child. "Given that breast-feeding increased risk, even to a child who is born negative—but of a positive mother—we are in a real dilemma," Dr. Muga said, and appealed to a global effort "to solve this problem."

"So far, we can only trace the source of the virus to traditional birth attendants (TBAs) whose instruments could have been used on a HIV positive person," he said, and pointed out that "there still exists a contention on how the mother can be protected from being infected by her child through breast feeding."

Dr. Muga said Paediatric AIDS "present a new and scaring dimension to the killer disease." He told the KENYA TIMES that the Kenyatta National Hospital admits 20 children with AIDS every month.

An American paediatrician, Dr. Yvonne Bryson, told the congress that scientists had not established the modes of transmission. He said "it is not clear at the moment the extent to which intra-uterine transmission plays in the transmission of the virus from the mother to the child."

Mombasa AIDS Cases Triple Over 3 Years

WE0229A91 Nairobi SUNDAY NATION in English
13 Jan 91 p 5

[Article by Francis Mwaka]

[Text] More than 2,565 positive cases of AIDS were detected at the Coast Provincial General Hospital alone last year, the Mombasa District Medical Officer of Health, Dr. G. Oyoo, said on Friday.

Dr. Oyoo said cases of AIDS in Mombasa District were increasing every year since 1987 when the hospital reported 680 positive cases. He said in 1988 the hospital had 1,249 positive cases and 1,821 in 1989.

Dr. Oyoo was speaking during the official closing of AIDS counselling training seminar at the Oceanic Hotel in Mombasa. He reported that over 200,000 Kenyans today were potential carriers of the HIV virus that causes AIDS and they continued to infect their sex partners.

He observed that the World Health Organisation estimated that there were over 6 million cases of AIDS in Africa and that approximately 2 million, or one third, were women.

Dr. Oyoo said that by the end of next year, an accumulative total of over 350,000 AIDS cases would have occurred among women, or three times as many as had

occurred by the end of 1980s. Dr. Oyoo said the disease continued to kill millions of people adding that however unpleasant the disease is Kenyans cannot afford to ignore it, especially when it kills those who were economically productive (20-49) years and innocent young ones (0-2 years).

"The disease has no cure and the only option left at the moment is how to prevent it," he said, adding that only prevention could keep the people from contracting the virus.

MOZAMBIQUE

AIDS Kills Four in Tete Province, 18 Test Positive

MB0103131691 Maputo Domestic Service in Portuguese
1030 GMT 1 Mar 91

[Text] AIDS has killed four people in Tete Province. This was reported at a meeting of the Tete Province Health Coordination Council.

The report on the provincial AIDS program revealed that 18 positive AIDS cases have been identified in Tete Province.

Manica Health Council Reports 41 AIDS Cases in 1990

MB0403094491 Maputo Domestic Service in Portuguese
0800 GMT 4 Mar 91

[Text] A total of 41 AIDS cases were reported in Manica Province last year. This was revealed at a recent meeting of the Manica Province Health Coordination Council. The meeting assessed the work done in 1990 and planned tasks for this year.

The meeting also found that malaria, diarrhea, and malnutrition are the most common health problems in Manica Province and that they greatly affect war-displaced people.

NIGER

Over 200 New AIDS Cases Reported in 1990

AB1802150291 Paris AFP in French
1757 GMT 15 Feb 91

[Text] Niamey, 15 Feb (AFP)—Some 209 new AIDS cases were reported last year in Niger, which however remains one of the least affected African countries, with less than 1 percent of seropositive patients, according to the Niger news agency today. According to forecasts from the Niger Anti-AIDS Program headed by Dr. Ousseini Hamadou, about 400 new cases could be reported in 1991. Of 293 AIDS patients detected between 1987 and 1990, 80 have died. The spread of the disease is attributable to the fact that many Nigerois, who are convinced that AIDS is "an invented disease," have not altered their sexual habits, Dr. Hamadou explained.

The increase in the number of reported AIDS cases is also due to the progress in AIDS detection. Three new

health centers provided with AIDS detection equipment have been created and another three are expected to be opened by the end of the year. Early this year, Niger had five AIDS detection centers. An anti-AIDS program has been drawn up in conjunction with the WHO for 700 million CFA francs.

NIGERIA

UK Grants Funds for AIDS Control

WE0231A91 Kaduna NEW NIGERIAN in English
28 Jan 91 p 17

[Article by Daniel Obi]

[Text] The United Kingdom has granted Nigeria a total sum of 1.5 million Pounds Sterling (about 25.26 million Naira) to help the Federal government further execute its national AIDS control programme.

The grant agreement was signed in Lagos Friday by the Minister of Finance and Economic Development, Alhaji Abubakar Alhaji for Nigeria while the British Minister for Overseas Development, Mrs. Lynda Chalker signed for Britain.

The Minister thanked the United Kingdom for its timely intervention to assist the Nigerian government in her efforts to execute the AIDS control programme which was currently focussed on 24 HIV Screening Centers in mostly government tertiary health facilities.

The minister said that the federal government had mapped out plans to spread the screening activities to all the state hospitals adding that by the end of this about 52 HIV laboratories would be set up.

The minister recalled that in 1980, Britain disbursed a total grant of 59.6 million Pounds Sterling in support of SAP.

Similarly, he said in 1990 the federal government received a grant of 25 million Pounds Sterling from the United Kingdom government.

While appreciating Britain's assistance to Nigeria so far, the minister solicited for Britain's continued support for Nigeria's future efforts.

In her response, Mrs. Lynda Chalker said that her government was happy to reduce the effects of AIDS in any country.

She pledged Britain's continued assistance to Nigeria's efforts to solve her economic problems.

SEYCHELLES

AIDS Tasks Force Visits Australia

WE0226A91 Victoria SEYCHELLES NATION
in English 25 Jan 91 pp 1,2

[Article: "Seychelles Task Force on AIDS in Australia"]

[Excerpt] Five members of the Seychelles Task Force on AIDS visited Australia recently to study HIV/AIDS services there.

The two weeks study programme was spent visiting facilities and services in the Eastern Sydney Area Health Service where most services related to HIV/AIDS are conducted, a press release from Australia said. The press release reached SEYCHELLES NATION yesterday but the delegation was in Australia in December. No members of the delegation was available for comment on their return.

The delegation was welcomed by Sister Patricia Grantham, a member of the area health service who said that only by sharing the knowledge gained in the six years since the virus which cause AIDS was identified, could the world hope to contain the disease and prevent an epidemic of catastrophic proportions.

The chairperson of the Task Force Mrs. Medgee Pragassen told the hosts that although AIDS had so far not caused an impact on the small islands nation in the Indian Ocean, there was a threat created by the 100,000 tourists visiting Seychelles every year.

"The AIDS task Force was established by the Seychelles Government to develop education programmes aimed at reducing the risk of infection, and to formulate policies for dealing with the disease should it follow world patterns and become a health problem in the Seychelles", Mrs. Pragassen told the Australian hosts.

Mrs. Pragassen thanked the health professionals attached to the Eastern Sydney Area Health Service who had helped to increase the delegations' knowledge about preventive programmes and treatment methods in relations to HIV/AIDS.

The delegation also included medical practitioner Dr. Andrew Kitua, nurse Christine Webber, health education officer, Flory Gill and journalist Patrick Mathiot. [passage omitted]

SOUTH AFRICA

Population Growth May Cease Due to AIDS

MB1202153191 Johannesburg SAPA in English
1437 GMT 12 Feb 91

[Text] Johannesburg Feb 12 SAPA—By the turn of the century, it is estimated that the population growth will have ceased, due to the impact of AIDS.

This was predicted by Mr. T.E. Hartwig in an address at an investment conference at a Johannesburg hotel on Tuesday [12 December], as he explained the use of data to construct a theoretical computer-based model which projects future infection, illness and deaths due to AIDS.

"By 1995, about 10 percent of the working population of South Africa will be infected with the AIDS virus. Thirty thousand people will be sick and 25,000 will die during the year," Mr. Hartwig said.

"And by 1998, the percentage positive will have risen to 40 percent, with 175,000 sick and 130,000 that will die. Thereafter, the picture gets progressively more disastrous. We would prefer not to quote figures beyond this," he said.

"The present problem in South Africa is relatively small, but growing rapidly," Mr. Hartwig said, "but towards the end of the decade the problem will become increasingly visible".

"The impact on the economy will be small in the next five years, but during the second half of the decade, the drain on resources, possibly a lack of manpower and certainly loss of confidence could have a serious economic effect," he said.

"We cannot even begin to assess the impact of AIDS in terms of human suffering," Mr. Hartwig concluded.

Medical Adviser Says 100,000 Infected With HIV Virus

MB2702074891 Johannesburg SABC TV 1 Network in English 2030 GMT 26 Feb 91

[Text] One hundred thousand people are infected with the HIV virus in South Africa. And this figure is expected to double within a year.

That's according to Dr. Wilson Carswell, the newly appointed medical adviser to the AIDS unit of the department of national health and population development.

The unit plans to assist people infected with the HIV virus, and will be asking for an increase in its budget to fight the dreaded disease.

Government To Discuss National Strategy To Combat AIDS

MB2201100791 Johannesburg BUSINESS DAY in English 22 Jan 91 p 2

[Report by Tania Levy: "315,000 Will Be HIV-Positive By End of Year"]

[Text] Government's inter-departmental committee for AIDS prevention meets for the first time tomorrow to discuss a national strategy to combat the disease which government now estimates will infect 315,000 South Africans by the end of this year.

National Health director-general Dr. Coen Slabber said yesterday the department had adopted an estimate by Johannesburg senior deputy medical officer of health Dr. Nicky Padayachee that more than 315,000 people would be HIV-infected this year.

Predominantly young and economically active, nearly all these people could be expected to die of AIDS in the next 10 years, said Slabber, who also chairs the committee.

Slabber's department has drawn up a draft strategy dealing with the economic and administrative repercussions and prevention of AIDS.

He added government was considering subsidising private hospices which would be expected to care for most of those who would die from AIDS.

The committee was not expected to draw up any new legislation and would hopefully finalise a national strategy by the end of June, he said.

The proposed AIDS strategy addressed the management of patients with AIDS, admission of HIV-infected people into SA, contact with infected individuals as well as AIDS education and awareness programmes.

Slabber said the committee would not change rules regarding the testing of patients by private or provincial medical personnel. HIV-testing and other ethical issues surrounding AIDS would be left to professional councils.

Slabber said the committee's main function would be to identify areas where different departments could play a role in AIDS prevention and to co-ordinate their activities. SAPA reports that an editorial in Sanlam's [South African National Life Assurance Company] AIDS Scan calls for the decriminalisation of prostitution so that public health authorities could exercise control over the sex industry and the spread of AIDS.

Referring to rapid heterosexual spread of HIV infection, the editorial said cultural attitudes keeping women in subservience should be challenged.

It called on SA [South African] women to form educational supportive and counselling organisations, and to follow the example of homosexual men, who had shown solidarity in their fight against HIV.

SWAZILAND

Epidemiologist Details Sexual Disease, AIDS Statistics

MB1702092291 Mbabane THE TIMES OF SWAZILAND SUNDAY in English 17 Feb 91 p 12

[Report by Bongiwe Dlamini: "STD's Rank Fourth"]

[Text] An Epidemiologist attached to the Ministry of Health, Miss Wazi Dlamini has said that sexually transmitted diseases (STD's) rank the fourth among complaints of communicable diseases at governments hospitals outpatient departments throughout the country.

She was presenting a paper on the STD, HIV/AIDS Situation in Swaziland at a conference held at the Mountain Inn.

Ms. Dlamini told the delegates that Gonorrhoea is the most frequently diagnosed STD in the kingdom, where there are over 50,000 STD attendances per year at governments units and at least 20,000 of those have a gonorrhoea infection.

She disclosed that other STD's diagnosed are syphilis, non-specific urethritis, balatinisi, trichomonas vaginalis, venereal warts and others that are not yet classified. According to Ms. syphilis become a problem when a mother is pregnant.

She warned that it was very important that an expectant mother has ante-natal care and what is even more important these days is to have an HIV test before a woman decide to be pregnant as there is a 50-50 chance of passing on the virus to the unborn baby.

She recalled that towards the end of last year six nurses were trained in Zambia as STD Specialists. Ms. Dlamini

said those specialists are now based in different health facilities in Swaziland which are being used as sentinel sites for STD Surveillance.

The Epidemiologist went on to reveal that as from October last year twenty seven persons were fully blown AIDS cases in Swaziland, of which 17 had already died. She said their ages range from age group 0-4 to 50-59. Ms. Dlamini said over 60 percent of those AIDS cases are males and a majority of them reside in Mbabane.

Ms. Dlamini said the documented numbers are not complete which simply means that there are still more AIDS cases that have not come to the attention of health officials. She also notes a frightening factor that a number of HIV positive people do not know that they are carrying the virus and therefore continue to pass it on.

Ms. Dlamini estimated that for every case of AIDS there are 100 HIV positive individuals, which means that there are over 3,000 HIV positive people in Swaziland.

She said the people mostly affected are the sexually active group ranging between the ages 12-45.

Ms. Dlamini recalled that in the October November Serosurvey students were asked when they started having sex, and the minimum age given was nine years.

TANZANIA

Kenyan Paper on AIDS in Kagera Region
EA1802205591 Nairobi SUNDAY STANDARD
in English 17 Feb 91 p 1

[Article by Wachira Kigotho]

[Excerpts] Be warned bedbugs are capable of transmitting the dreaded Acquired Immune Deficiency Syndrome (AIDS). The startling revelation was made recently by Dr. J.B. Rugemalila, a leading Tanzanian virologist at the National Institute for Medical Research in Mwanza, Tanzania.

He said it has become clear to researchers that bedbugs were closely associated with household AIDS patients. He explained that in the Kagera region there were some cases of HIV which could not be attributed to other categories of transmission apart from bedbugs. Some families have been completely wiped out, he said.

Dr. Rugemalila revealed this in a paper he presented at the 12th annual medical scientific conference held at Kenya Medical Research Institute (Kenri), Nairobi, on the "Epidemiology of the Acquired Immunodeficiency Syndrome in the Kagera Region of Tanzania." He told medical researchers that the findings were based on research he and others carried out at Kagera region at the shores of Lake Victoria. [passage omitted]

Interestingly, he said, the Kagera region had been special attraction to bio-medical researchers over the years due to the high prevalence of AIDS in the area. Two years ago, the region had over 2,000 cases of AIDS out of the national figure of 9,216, he said. He observed that

Kagera was only second to Dar es Salaam which had a slightly higher AIDS cases. [passage omitted]

Dr. Rugemalila said that was when it became clear bedbugs were closely associated with households AIDS patients: "For quite a time now, bedbugs have been known to have potential for mechanical transmission of Hepatitis B Virus (HBV), which has similar similarities with HIV." The two viruses, Dr. Rugemalila said, were commonly transmitted through sexual intercourse, blood transfusion and skin penetrating injections. In this regard, bedbugs were considered to have the potential for intrahousehold transmission of HIV.

He noted that in Kagera there had been an interesting story of "bedbugs which together with other household pests have long been known to be public health problems in the region." He, however, observed that scientists were unable to connect "fleas and soft ticks with the spread of AIDS in Kagera or elsewhere in the country." [passage omitted]

UGANDA

Vice President on Fighting AIDS

EA0903224091 Kampala Domestic Service in English
0700 GMT 9 Mar 91

[Text] The vice president, Dr. Samson Kisekka, has called on the medical professionals to meet the challenge of AIDS, HIV infection, and the suffering victims of AIDS in the management of health services. Dr. Kisekka was addressing surgeons on the occasion of the opening of a two-day seminar of the association of surgeons of Uganda at Kitovu Hospital in Masaka yesterday.

The vice president said that the medical challenges of AIDS and HIV infection to this country are terrifying. He said the disease has become a countrywide epidemic of unprecedented magnitude. The government, he said, recognizes the social, cultural, ethical, legal, and economic consequences of this epidemic. The government has already established a national ministerial commission to fight and control this disease, called the Uganda AIDS Commission. He called on everyone to join these efforts to fight AIDS.

He explained that the constituted ministerial body will have a secretariat to be headed by a director general who will also be the secretary to the commission. The functions of the commission include, among other things, coordination and facilitation of all activities related to AIDS control throughout the country. Dr. Kisekka cautioned against weaknesses in implementation of policy decisions and looked forward to the fruitful work by the commission which he has himself been closely associated with.

ZAIRE**Over 13,000 Confirmed AIDS Cases Recorded***AB1402103091 Dakar PANA in French
0921 GMT 13 Feb 91*

[Text] Kinshasa, 13 Feb (PANA)—More than 13,000 confirmed AIDS cases were recorded in Zaire as of 31 December 1990, it was learned on 11 February at the opening of an orientation seminar organized for new regional coordinators of the anti-AIDS program of the Central Coordinating Bureau [CCB-AIDS] in Kinshasa. To check the spread of the pandemic disease, the CCB-AIDS program aims at giving a new impulse to anti-AIDS activities during this seminar, the CCB's national director, Mr. Nkulu Mpoke, stated. A new medium-term program will start soon, he added.

At the first session, a WHO expert, Dr. Andre Ndikuyeze, pointed out that five new vaccines, developed by research scientists of the United States, France and Zaire, are available to the WHO and that an appeal has currently been launched to countries prepared to experiment them. Zaire, it is specified, has a current population of 34 million.

ZAMBIA**Health Ministry Reports 3,000 AIDS Cases 1986-90***MB2002124691 Johannesburg International Service
in English 1100 GMT 20 Feb 91*

[Text] The Zambian Ministry of Health says just more than 3,000 cases of AIDS and more than 12,000 incidents of AIDS-related cases were reported between 1986 and last year.

A Lusaka report said of the known cases, 328 patients had died. Other reports said the figures could be higher

than official statistics indicated. The reports said some health centers did not provide statistics to the Ministry of Health.

The official figures showed that Lusaka Province had reported the highest incidence of AIDS, while the Northern and Western Provinces recorded the lowest numbers, at 97 and 95.

ZIMBABWE**More Than 200 AIDS Deaths in Bulawayo***91WE0205 Harare THE HERALD in English
14 Jan 91 p 3*

[Text] Bulawayo—More than 200 people died of AIDS in Bulawayo Urban during the past 12 months, a report by the City Health Services Department has revealed.

The report, made public last week, noted that from January to October last year, 214 people—men, women and children—died of the dreaded AIDS or HIV-related diseases. In the month of October alone 37 people—29 males and 8 females—died of the disease.

"It is not known when the virus entered the city but the past few years have been marked by a phenomenal increase in the number of residents known to be infected with HIV or suffering from AIDS or who have died of AIDS," said the report.

It said that the killer disease had, in fact, overtaken traffic accidents as the main cause of death among people in the 25-44 age group.

Information obtained from the Ministry of Health, said the report, showed an upward trend of healthy blood donors in Bulawayo who are now found to be HIV positive.

"But the number of people already suffering from AIDS is unknown mainly because the reporting is weak and optional.

Rooting Out a Cure for AIDS

91WE0201 Hong Kong SOUTH CHINA MORNING
POST in English 12 Dec 90 p 20

[Report by Patricia Tse; first paragraph introductory comment]

[Text] Chinese herbal medicine is being used in trials as a treatment for AIDS and to remain youthful.

Medical researchers from China are conducting clinical trials on AIDS sufferers in Africa to test the effectiveness of Chinese herbs in stemming the fatal disease.

The trials, conducted with the co-operation of the Tanzanian Government, are still a long way from finding a complete cure, but AIDS sufferers in Tanzania have been found to live longer after treatment with medicinal extracts from herbs, according to Professor Xiao Peigen, director of the Chinese Academy of Medical Sciences in Beijing.

"The T-cells produced by white blood cells in the body as a defence against other diseases increase quite dramatically when extracts from the herb's root are taken orally," he said.

"The medicine also helps to inhibit the HIV virus."

The medicine is made from the root of *Trichosanthes Kirilowii* Maxim (Latin name: *Trichosanthes uniflora*). Having passed initial test tube trials and tests on animals, it is now being tried on people.

At least 11 other Chinese herbs classed as "herbs with a function to dissolve poison and dispense heat from the body" are now being tested in laboratories. One, *Lonicera japonica*, is a common drink in Chinese herbal tea shops.

Professor Xiao said if further tests also produced favourable results, new anti-AIDS drugs, much more reasonably priced than the drugs in use in the moment, might be developed in China.

Conducting clinical AIDS trials in Asia is not easy. Professor Xiao said the Ministry of Health in China sought the co-operation of the Tanzanian Government as only about 10 cases of AIDS and 500 HIV carriers have been discovered in China in the last decade.

Trials in Tanzania are being conducted on people and animals with AIDS. A team of Chinese doctors and medical researchers, trained in both Western and Chinese medicine, has been selected from all parts of China for the mission.

Few drugs have been approved for use on people to combat AIDS. One is AZT, but this is so expensive that one patient's treatment is equivalent to hundreds using Chinese herb extracts.

"Chinese medicine has thousands of years' history. The philosophy is to heal the whole body and let it then fight the virus instead of focusing on the head for a headache, or the foot for a foot pain. Seems to be the perfect theory as far as AIDS is concerned," said Professor Xiao.

Back in China, developing food and medicine from herbs is now recognised by the Beijing Government as being of great economic value to the country.

In Southeast Asia, Chinese herbal medicine already has a big following and Europe and America are just beginning to latch on to it. In France and Germany Western research methods have proved the value of traditional herbs.

Herbal extracts treated as food often pass the required tests more easily than those subjected to the regulations of drugs' boards. One essence of ginseng, made from American-grown ginseng extracts, is being marketed as food and has met with a good response.

Many herbs that Chinese people have known to be useful for centuries have been proven valuable in stringent laboratory tests in the last decade, said Professor Xiao.

International attention has focused on anti-cancer and anti-AIDS herbal medicine but Professor Xiao said another area with vast potential is the anti-senility market. He is organising a new Beijing laboratory with over 300 staff to investigate anti-ageing medicine.

"This is based on centuries-old prescriptions in China, including some used exclusively by imperial families."

The project could turn out to be a big money-spinner for China in the coming years. "We believe the right kind of Chinese food and herbs will not only boost youthful looks. They will actually make you young within."

"We are researching formulae that delay the deterioration of bodily functions such as the digestive system, sexual mechanisms, and memory, and boost the body's natural resistance to diseases."

Ginseng, one popular ingredient found in many anti-ageing prescriptions, contains many active ingredients which strengthen different bodily systems and delay the ageing process.

"We are also developing ginseng oral capsules. They will be very good for pumping up ageing blood vessels, and stimulating a healthy cardio-vascular capacity," said Professor Xiao.

In treating cancer patients, the Chinese have made several breakthroughs. Many patients from all over the world come to China to buy anti-cancer drugs or stay for treatment. Its "comprehensive approach" means both Western-developed radiology and traditional Chinese herbs are used.

Professor Xiao is in Hongkong to help launch Commercial Press' 13-part Encyclopaedia of Chinese Medicinal Herbs, a modern version of the Compendium of Chinese Materia Medica written in the Ming dynasty.

'Social Report' Views AIDS Epidemic

HK2202134091 Beijing RENMIN GONGAN BAO
in Chinese 22 Jan 91 p 4

["Social report" by Liu Guiming (0491 2710 2494):
"China Is Not Free From AIDS"]

[Text] A very small virus has sparked off a great turbulence throughout the world.

The AIDS virus, whose size is only 1/16,000 of a pin, has cast the shadow of death on hundreds of thousands of AIDS patients throughout the world.

World Health Organization Director General Dr. Hiroshi Nakajima and former Director General Halfdan T. Mahler held that AIDS prevention has become the "number one issue" in the world and a great nagging question on earth.

In the face of this global issue and of this "supercancer" that affects people of different sexes, ages, nationalities, and countries, the world must mobilize its best forces to resist it.

China is a traditional country.

China is heading from a closed-door society toward opening up.

Today, China is beginning to face the threat posed by AIDS, a plague.

AIDS is a new member in the family of venereal diseases [VD], and VD are as ubiquitous as flies. Therefore, as Portuguese merchants came to trade in Guangzhou, China's important port, at the beginning of the 16th century, they brought with them the European civilization as well as syphilis into China. So, when we are enjoying the air and sunshine today, we must inevitably face the reality that VD are probably spreading.

A. The Reality That We Have No Choice

On 1 October 1949, when New China stood up from among the ruins, we came to know what old China had left with us was: 10 million venereal patients, brothels everywhere, and tens of thousands of prostitutes.

After 15 years of arduous efforts, in 1964, Hu Chuankui, director of the Research Institute of Dermatoses of the Chinese School of Medicine and Sciences announced to the world on behalf of the Chinese Government that China had basically eliminated VD.

Nevertheless, perhaps no one would have expected that after approximately another 15 years, VD spread to China again. And they tend to spread from coastal areas to inland areas and from cities to rural areas. According to incomplete statistics from 1982 to 1987, on average the incidence of VD in China had a 3.13-fold increase each year. In recent years, venereal patients in Beijing have been increasing year by year.

Since 1964, people have gradually forgotten VD. Now most people under the age of 40 do not know VD exist. The revival of these diseases, which have been extinct for years, have caught medical circles unprepared: Medical personnel in general do not know the methods of diagnosis and treatment of VD. And the majority of medical organizations lack or have not mastered laboratory examination methods in their laboratories, and lectures on VD are no longer given in many medical schools.

Thus, almost everyone, whether doctor or patient, has to learn to understand VD from scratch.

The Xicheng District Venereal Disease Prevention and Monitoring Center, located in Beijing's Changqiao has set a precedent.

They held an exhibition called "Venereal Diseases and Sex Knowledge," giving explanations through words, photographs, and videotapes. In this way, they have put an end to the taboo on VD, which has existed for years in Beijing.

They have set up a VD counseling and outpatient center, the first in Beijing. According to the center's two responsible persons Xu Ruixing and Liu Taiping, since the outpatient center began operation, increasingly more patients have come for consultation despite the fact that they still feel embarrassed, indecisive, or even too shy to talk about their diseases.

—A certain male, aged 32, a native of Beijing, married, and engaged in homosexual acts for half a year. Chief complaint: Rash on palms and soles for two weeks. The body check result: Dark reddish macular eruption. Desquamated. Syphilis serologic examination was positive. The disease was diagnosed as secondary syphilis.

—A certain female, aged 25, married. Chief complaint: Having cloudy urine for two weeks. Medical history: Four to five days after having sexual intercourse with her husband, she began to complain of urethritis and cloudy urine. Two months later, the joints in her knees ached and became weak. Her husband had contracted pointed condyloma and gonorrhea. The body check result revealed that her labia were red and swollen, and that small neoplasm were found around her meatus urinarius. Thick secretion and blood oozed from her uterine neck. The diseases were diagnosed as pointed condyloma, complicated gonococcal vaginitis, cervicitis, and arthritis.

—A certain male, aged 38, married. Chief complaint: Pus oozed out of his meatus urinarius, and for five days he suffered pain when urinating. Medical history: During his business trip to Changbaishan in the northeast, he had sexual contact with a lady. Approximately two weeks later, his urethra became red and swollen. Symptoms were urgency, frequency, and pain of urination. The body check result: Red and swollen in meatus urinarius. Thick yellowish secretion existed and gonococcus were found in secretion smear. The disease was diagnosed as gonorrhea.

The two responsible persons put special emphasis on the misery that VD bring to families. A certain actress contracted early syphilis, but she denied it. Her doctor advised her husband to come for a physical check and ideological counseling. It was later discovered that the man was manager of a certain hotel, had had sex out of wedlock, contracted syphilis, and passed it to his wife. The lady was discriminated against by her seniors and colleagues. She suffered a great deal of unredressed

frustration, while her body and mind were greatly debilitated. Experts pointed out that in addition to such means of contraction as intravenous injection of drugs and blood transfusion, one must not be careless about contraction through sexual contact. In Yunnan, two cases were found in which the husbands' AIDS antibody was tested positive and so was their wives'. This explains that contraction through sexual contact already exists in China.

So far, there is still no medical record of AIDS patients from China, but nonetheless there are records of VD spread from outside the country.

—On 23 June 1985, as an Argentinian-American was touring China, he fell sick. Later, it was discovered that while in the United States, he had been found to have contracted AIDS. But he did not tell the truth about his disease. He came to China by way of Shanghai on 27 May 1985 and toured Nanjing, Xian, and Beijing. As his health was deteriorating, he was admitted to Beijing's Xiehe Hospital, where he died afterwards.

—On 13 February 1987, a 35-year-old AIDS patient was found in Fuzhou. He was the patient whose disease was diagnosed as AIDS by the first time. He was a cook from Hong Kong, and he died in a Provincial Hospital of Fuzhou.

—The third case was found in July 1987. The patient was an American editor. He went back to the United States in August the same year.

According to WHO, from 1981, when men first understood and made diagnoses of AIDS, to 31 October 1990, the number of AIDS patients that were later affected by it throughout the world reached 29.18 million, and they were scattered in 157 countries and regions. So far, at least eight million people throughout the world have contracted the AIDS virus, and one third of them are women. What is particularly unfortunate is that it has been clinically proven that approximately 50 percent of their babies may have contracted the AIDS virus. Most of these innocent children will die before they reach five years of age. On 28 November 1990, the UN General Assembly passed a resolution, urging UN members to take all kinds of measures to prevent and control AIDS. According to statistics, the number of people that will contract the AIDS virus in the next 10 years will range from 25 million to 30 million, of which 10 million will be babies and children.

The reality is grim and the threat exists at all times.

B: We Should Make Every Effort To Keep AIDS Out of China

Several years ago, most Chinese people still thought that AIDS was far from threatening them and was much less scary than cancer. At present, experts remind us that AIDS and hepatitis-B are spread basically through the

same means and that China is a country where the number of hepatitis virus carriers is extremely high.

Almost every scientist in China that are closely watching AIDS and VD unanimously maintain: The spread of AIDS into China is inevitable. It is only a question of time. It is impossible for China to remain a closed "paradise," as the AIDS virus will not allow China to remain a clean country. The view that the yellow race is innately immune is extremely dangerous. What we can do is to make every effort to keep AIDS out of China.

The Chinese Government has mobilized all departments and forces that should be mobilized to prevent AIDS and VD.

In January 1988, with the approval of the State Council, seven ministries, commissions, and bureaus promulgated the "Various Regulations on the Monitoring and Control of AIDS."

—We have banned the importation of blood and blood products. Foreigners that plan to stay in China for one year must obtain a certificate certifying that they do not carry the AIDS virus. Those without such certificates must have their blood tested. Those that pay a short visit to China, though they are not required to have their blood tested, must declare upon disembarkation that they do not carry the AIDS virus. The Chinese that have stayed abroad for more than one year must also have their blood tested. Hemophilic patients and women that were once prostitutes must also have their blood tested.

—The State Science and Technology Committee has allocated nearly \$100,000 for research on AIDS prevention during the "Seventh Five-Year Plan." Relevant experts are exploring and studying Chinese herbal prescriptions for the curing of AIDS.

In the past five years, we have monitored 325,375 pieces of serum from major groups of people and discovered that the AIDS antibody in 446 pieces were tested positive, of which five cases were diagnosed as AIDS. However, we should say that the scope of monitoring is still very small and still cannot meet the demands of monitoring.

In January 1988, WHO marked out 1 December the World AIDS Day. The purpose of this is to heighten people's awareness of the danger of AIDS and mobilize people to prevent this terrible virus disease.

Health Officials on Increased AIDS Monitoring

OW0103182391 Beijing XINHUA in English
1544 GMT 1 Mar 91

[Text] Shenzhen, March 1 (XINHUA)—In the past five years, China has tested a total of 400,000 blood samples to monitor AIDS (Acquired Immunodeficiency Syndrome), a senior public health official disclosed here Thursday at a national meeting on AIDS monitoring and testing.

As of last September, the serum tests had identified 446 AIDS virus carriers including five AIDS patients, said Dai Zhicheng, director of Sanitation and Antiepidemic Department under the Ministry of Public Health.

Among the five AIDS patients two were Chinese citizens, Dai said at the meeting, which was held February 26-28 in Shenzhen, south China.

Those AIDS virus carriers were distributed over 11 provinces and autonomous regions, he said.

Dai said the country would step up AIDS prevention efforts, especially in special economic zones, open coastal cities and tourism areas.

Ku Wenyuan, vice-director of the Public Health Department of south China's Guangdong Province, revealed that nine AIDS virus carriers had been found in the province. Eight of the nine people were overseas visitors, he said, adding that the other one was infected with AIDS virus during an overseas trip.

AUSTRALIA

Insurance Industry Says AIDS Being Contained

BK0803131591 Hong Kong AFP in English 0649 GMT
8 Mar 91

[Article by Jack Taylor]

[Text] Sydney, March 8 (AFP)—AIDS is being contained more successfully in Australia than in many other countries, Australia's insurance industry believes.

Data just released by the National Centre in HIV Epidemiology show new AIDS cases may have dropped or at least reached a plateau in 1990, when previous research had indicated the disease would still have been spiralling upwards.

In the 12 months to December 31, 1990, 525 new cases of full-blown Acquired Immune Deficiency Syndrome (AIDS) were reported in Australia, compared to 568 for the previous 12 months.

However, the number of AIDS deaths was still climbing: 406 for 1990 compared to 373 for 1989.

In 1988, Australia had the fourth highest per capita incidence of AIDS among developed countries, but is now estimated to have dropped to eighth, with the United States still top.

Because of the trend, the insurance industry may be able to reduce the amount earmarked for payment of AIDS death claims from about 150 million dollars (115 million U.S.) to perhaps 120 million (92 million U.S.), actuary David Kerr said Friday.

Mr. Kerr, chairman of the AIDS subcommittee of the Institute of Actuaries of Australia, said that although a reduction had been forecast in growth of the disease, it was now apparent it had come earlier than anticipated.

Only three years ago, insurance industry actuaries were projecting 6,360 AIDS deaths by mid-1992. But on the basis of recent research this forecast has been almost halved—to 3,400.

"It is very hard to get worthwhile data from some countries, in Asia and elsewhere in the Pacific region for instance, but we believe the reduction is more marked here than in other Western countries," Mr. Kerr added.

"Australia still has the worst rate for the Western Pacific region with New Zealand coming second."

"One of the problems in some countries is the under-reporting or non-reporting of the disease," Mr. Kerr said.

"Malaysia is shown in the data to have a trivial incidence, maybe one case per million compared to 148 per million for Australia."

He said two or three factors were significant in Australia which he believed might provide lessons for other countries.

One was the extensive educational programs, particularly in the high risk homosexual community, urging safer sex habits and use of condoms.

Earlier projections did not anticipate the success of these educational programs in changing behaviour patterns.

Another, he said, is the apparent success of a free needle-exchange program for intravenous drug users.

Research in recent years make clear the spread of AIDS among Australia's heterosexuals and among women has been minimal compared to earlier predictions.

Of the 568 new cases reported for 1989, 13 were women, and of the 525 for 1990 only 11 were women.

Said Mr. Kerr: "In africa, AIDS has been around for much longer and is much more predominant in heterosexual contact.

"Once it has taken hold in the heterosexual community, it can spread much more rapidly."

However, AIDS researchers and doctors believe there is no room for complacency about AIDS and say it must still be regarded as deadly.

One of Australia's leading specialists in AIDS statistics, university Associate Professor John Kaldor, chairman of a government working party researching its incidence said infections were still occurring at "an unacceptable rate".

"I don't think you can say (from the statistics) the incidence is falling, but it seems to be flattening out," he said.

However he believed many other countries are showing a similar pattern.

Mr. Kaldor attributed the plateauing to educational programs among high-risk groups and the use of drugs such as AZT.

AIDS, which destroys the body's immunity to infection, can be spread through sexual relations, infected syringe needles or transfusion of infected blood.

BURMA

Health Officials Discuss AIDS Situation

BK1502113791 Rangoon Domestic Service in Burmese
1330 GMT 14 Feb 91

[Excerpt] A meeting of the Central Committee for Prevention of Acquired Immune Deficiency Syndrome [AIDS] was held today at 1000 in the No. 1 Conference Hall of the Health Department. The meeting, attended by committee members, was presided by Dr. U Tin U, chairman of the Central Committee for Prevention of AIDS and director general of the Health Department.

Speaking at the meeting, Dr. U Tin U said this is the first meeting to be held since the committee was reorganized on 4 February 1991. He said the committee is composed

of representatives from various departments and that duties have been distributed. He said the committee will meet every three months.

Reporting on the AIDS situation in Myanmar [Burma], he said blood tests for AIDS had been conducted since 1985 and that no case of AIDS was found up to the end of 1987. However, the first case of AIDS-infected blood was found during 1988 and that as of the end of 1990, 1,358 persons were found to have AIDS-infected blood.

The tests conducted by the Drug Addiction Treatment Department between May and December 1990 found that 81 percent of intravenous drug users tested were infected with AIDS. Dr. U Tin U said extensive measures are being taken to fight AIDS and that the role of health education is very important. He added that since AIDS cannot be treated it is important to take preventive measures against this disease. [passage omitted]

HONG KONG

Insurers Start AIDS Policies

91WE0212 Hong Kong HONG KONG STANDARD
in English 8 Dec 91 p 5

[Article by Denise Wong: "Insurers Start AIDS Policies"]

[Text] The threat of AIDS has provided a potential new market for insurance brokers in Hong Kong.

An insurance broker last month introduced a new policy for people exposed to AIDS at work, including medical professions, ambulance service personnel and police.

The new policy would offer a client, who was AIDS free when purchasing the policy, a lump sum if he or she contracted AIDS during the policy period.

Anthony Mitchell, assistant director of Jardine Insurance Brokers Limited, which launched the policy, said some hospitals had already shown great interest.

Another broker, OHRA Asia Pacific, will introduce an AIDS policy early next year.

But from next month the company will apply a new restriction to all its medical insurance policies, limiting their AIDS cover.

At the moment OHRA, a Dutch company, is one of the few insurers in Hong Kong that does not exclude AIDS from its medical insurance cover.

"Starting from 1 January, our medical insurance will only cover AIDS if it is detected after the 5th year of the policy period," said OHRA Director Frank van Ginkel.

"In Holland, we have the data for calculating the risk into our insurance policy. But in Hong Kong, the information is rare and makes it impossible to calculate such epidemic kind of risk.

"The treatment for AIDS is very long and costly. Even if just a few clients file claims for having the disease, you will quickly run into losses because of the low premium charge in general."

But instead of paying medical claims, Mr. van Ginkel said the new AIDS policy would be run on the theory of personal accident insurance—paying a lump sum.

The new AIDS policies of Jardine and OHRA are underwritten by Lloyd's of London. The maximum coverage is US\$500,000 (HK\$3.9 million), or double one's annual salary if it is less. The average annual premium is between \$7.80 and \$23.40 for every \$7,800 coverage.

Mr. Mitchell said the new policy was popular in medical professions in the United States, Britain, South Africa, Europe, Thailand and Mexico.

But in Hong Kong, he said, "it will not be a big growth area of money" as AIDS had not yet affected much of the population.

AIDS Figure Put at 5,000

91WE0208 Hong Kong HONG KONG STANDARD
in English 2 Dec 90 p 1

[Article by Stuart Becker]

[Excerpt] A leading government expert says 5,000 Hongkong people may have the virus that causes AIDS, more than 33 times the official estimate of 149.

Dr. Patrick Li, of the AIDS Counselling and Health Education Service at the Queen Elizabeth Hospital, said this was a conservative estimate of how many people might test positive for the Human Immuno-deficiency Virus (HIV) which causes AIDS.

This was a more realistic figure than the official one, according to which there are 149 "officially" diagnosed HIV carriers and 43 with the full-blown AIDS disease, he said.

Another AIDS expert, Dr. Vincent Lam, predicted that the number of HIV carriers would increase five-fold to 25,000 by 1995. This was also conservative.

"Assuming that AIDS in Hongkong follows a similar course to that of countries where it has been prevalent since 1981, we can expect to see a substantial increase in HIV-infected people, both male and female, adults and children, over the next three to five years, with most of these going on to develop full-blown AIDS in that time span.

"This will mean that these carriers, their families and friends, literally tens of thousands of individuals, will have to come to terms with AIDS."

If Hongkong does not wake up to the problem, AIDS will take the territory by surprise, according to a group of volunteers, the Comfort Care Concern project.

The disease is spreading much faster among heterosexual women than previously thought, according to Lam, vice president of Comfort Care Concern.

The group used World AIDS Day yesterday to launch a helpline, enabling Chinese and English speakers to make confidential calls about AIDS. The chairman of Comfort

Care Concern, Jane Tedbury, said the group included doctors, housewives and business professionals.

The telephone service will run on Thursdays and Saturdays until permanent premises are found. The telephone number is 525-3433 and all calls are guaranteed confidential.

[Passage omitted]

Women Warned Over Rise in AIDS

91WE0209 Hong Kong *SOUTH CHINA MORNING POST* in English 19 Dec 90 p 2

[Article by Caitlin Wong]

[Text] Another woman has been found with the HIV virus leading to AIDS, prompting new warnings that women in Hongkong are becoming increasingly susceptible to the fatal disease.

Government figures released yesterday showed that seven men and one woman had been found to be HIV positive in the past two months, bringing the total number of HIV carriers in the territory to 157.

The eight new carriers are five Chinese and four heterosexuals.

In addition, two new cases of AIDS have been confirmed in expatriate men this month and one of them is already dead.

Both victims were infected sexually and the dead man was known to have been infected in the past year.

Together with these two new discoveries, 44 cases of AIDS have been found in Hongkong. Only eight of the victims are still alive in the territory—30 have died and six have left Hongkong.

In releasing the figures yesterday, government AIDS expert Dr. Patrick Li Chung-ki said they showed women and heterosexuals were increasingly prone to AIDS.

He said the incidence of HIV infection among heterosexuals was increasing while that among homosexuals had gone down in the past year.

The figures showed that the number of HIV infections among homosexuals had increased from 11 in 1985 to 23 last year. But the trend had dipped significantly in the past 11 months, with only 10 cases recorded.

Among heterosexuals, however, HIV infection had steadily increased from none in 1986 to 14 in the first 11 months of this year.

Dr. Li predicted that as many heterosexuals as homosexuals would be infected by the year 2000. At present, however, the number of homosexual carriers of the HIV virus is twice that of heterosexual carriers.

Guidelines on AIDS Are Ignored by Companies

91WE0220 Hong Kong *SOUTH CHINA MORNING POST* in English 10 Jan 91 p 1

[Article by Sue Shaw]

[Text] Leading Hongkong companies are ignoring World Health Organisation (WHO) guidelines by testing potential employees for AIDS to avoid large claims for medical expenses.

Hutchison Whampoa, whose subsidiaries include Watson's and Park'n Shop, is set to follow the example of HongkongBank and Jardine Pacific.

Despite government disapproval and international moves to reduce discrimination against people with AIDS, the testing is likely to become more widespread.

A spokesman for Hutchison Whampoa said employees were afraid of catching AIDS from co-workers—a groundless fear, according to scientific evidence.

"After all, it is infectious. Any healthy person would not like to catch it. There is a psychological effect if you know someone working next to you has got AIDS," she said.

HongkongBank introduced AIDS testing as part of its pre-employment medical two years ago.

Senior personnel manager, Mr. Brian Renwick, said it was not impossible but extremely unlikely the bank would employ someone testing positive for the HIV virus which causes AIDS.

The bank's doctors give those to be tested a form listing all tests.

But Jardine Pacific, which tests expatriates taking up jobs in Hongkong, says it does not make "a big thing" of it, and the person tested would not specifically be told of it without asking.

The support group, Comfort Care Concern, which runs an AIDS helpline, has condemned the testing as blatant discrimination and wants government legislation to prevent it.

Government policy opposes discrimination against people with AIDS but it does not have the legislative power to prevent the testing, unlike countries such as Australia where legislation is being strengthened to specifically cover AIDS.

SOUTH KOREA

Husbands Conceal AIDS Infection From Families

SK1203004191 Seoul *THE KOREA HERALD* in English 12 Mar 91 p 3

[Text] Pusan—Twenty-two married men here still keep their AIDS infection a secret even to their spouses or their family members, increasing the possibility of spreading the killer disease, health authorities said.

According to Pusan City, 24 citizens in this southern port city have been reported to have contracted the human immunodeficiency virus (HIV), which causes the killer disease AIDS.

Out of the total, 22 married virus carriers would not divulge their infection to their spouses capitalizing on a legal ban on the leakage of information on AIDS victims,

and health authorities have so far failed to let their healthy wives know their husbands' infection with HIV as a precautionary measure to prevent the spread of the deadly disease.

The AIDS victims, including a 37-year-old seaman, have spurned Pusan City's repeated request to tell their spouses about their infection, health officials said.

They said Pusan City will inform the families of the AIDS victims of their infection with the AIDS virus if they refuse to divulge their infection.

Last Friday, the Health Ministry ruled that it is not against current law for health authorities to inform people about their prospective spouses' infection with HIV under the need to prevent the spread of the killer disease.

PAPUA NEW GUINEA

Health Minister Concerned Over 'Alarming' AIDS Rate

BK1103082491 Melbourne Overseas Service in English
0500 GMT 11 Mar 91

[Text] Papua New Guinea's health minister, Mr. Gerald Beona, says AIDS is spreading at an alarming rate in the country with people appearing to ignore the warnings about the disease. Mr. Beona urged people to change their sexual practices or Papua New Guinea would face an AIDS crisis similar to many African countries. From Port Moresby, Brian Abbot reports.

[Begin Abbot Recording] A total of 35 people, including three children and four babies infected by their mothers, have AIDS in Papua New Guinea. But Mr. Beona said the figures are a gross underestimation of the true situation. By conservative World Health Organization estimates, there are more likely to be 3,000 people infected with the AIDS virus, and that figure following the experience in African countries should double and then double again in the next 60 [words indistinct] months.

Mr. Beona says there are as many women as men affected, most in the 20 to 30 age group, which is the most productive and sexually active portion of the population, and many are highly educated and hold skilled positions in both the public and private sectors. The health minister said it appeared the media messages about the danger of AIDS had yet to trickle down to the community level. [End Recording]

THAILAND

Department Chief Gives AIDS Overview

91WE0198A Bangkok MATICHON in Thai
14 Jan 91 p 3

[Article by Director General of the Communicable Disease Department Dr. Thira Ramasut]

[Text] One more children's day has come. The children of today will be the adults of tomorrow, but when one

considers the problem of AIDS now, one cannot help but be concerned that the children of today will catch AIDS either now or in the future because AIDS has spread everywhere. The transmission is generally caused by the sexual activities of promiscuous men who use prostitutes and who unwittingly catch AIDS and give it to their wives or partners and finally to their children.

1. AIDS among women and children throughout the world.

At the end of 1990 the World Health Organization estimated that there were 8 to 10 million people of reproductive age throughout the world with the AIDS virus. Of these 1.3 million were sick with AIDS of whom 300,000 or one third were women. There were 300,000 people of reproductive age from more than 150 countries who had been tested and were sick with AIDS. When the women with AIDS became pregnant, 30 percent of the infants acquired the AIDS virus from the mother while in the womb or after birth. They died quickly. At present there are approximately 400,000 infants and children sick with AIDS throughout the world. The 70 percent of the infants born from mothers with AIDS who did not contract AIDS will become orphans because their parents with AIDS will eventually die. About half or 50 percent will develop AIDS symptoms within 10 years and will die within one to two years after becoming sick. Therefore it is estimated that by the year 2000, at the end of this decade, there will be 10 million of these orphans under 10 years while at the same time there will be 15 to 20 million people of reproductive age with the AIDS virus.

These figures were estimated using present trends for the spread of AIDS and from blood samples and disease reports. The actual figures might be higher than this.

It is well known that AIDS is transmitted by the "four contacts" of "blood transfusions", "sharing needles", "sex" and "pregnancy." In 1990 it was found that with regard to the means by which AIDS was spread throughout the world 60 percent resulted from heterosexual transmission. This was found generally to be increasing a great deal especially in developing countries. Even though in developed countries heterosexual transmission was increasing slowly, it was still increasing more than homosexual transmission and transmission by intravenous drug use. By the end of the year 2000, 75 to 80 percent of all AIDS will be the result of heterosexual transmission. This will have the effect in the future of spreading AIDS to the family, and AIDS will increase greatly among women and children.

2. AIDS among Thai women and children.

AIDS has been spreading in Thailand since 1984. When the AIDS prevention project was urgently undertaken, more and more people with the AIDS virus were found; only one was discovered in 1984, but the figure increased to 11, 18, and 191 in the years from 1985 to 1987. In 1988, 5,076 were found; in 1989, 10,770 were found; and in 1990, 9,277 were found. By December 1990 Thailand had discovered 25,362 with the AIDS virus. Of these 76

were sick with the complete AIDS symptoms (20 are still alive), and 235 had the initial symptoms or ARC (203 are still alive). There were 25,031 who had the virus but no symptoms (24,797 are still alive).

While 25,342 people have been found to have the AIDS virus, it is estimated that the number of people with the AIDS virus who have not had blood examinations is probably as high as 100,000 to 150,000. To summarize, in seven years 25,342 Thai people have been found to have the AIDS virus which is an incidence of 45 per 100,000. There were 76 found to be sick with the complete AIDS symptoms, and 322 have died from AIDS and other diseases.

Of the 25,342 people with the AIDS virus 20,058 or 79 percent have been male while 5,286 have been female (21 percent). The ratio of male to female was 3.8 to 1. Of the total 9,719 were adolescents (38 percent); 5,765 of the adolescents were male (59 percent) while 3,954 were female (41 percent) which provided a ratio of male to female of 1.46 to 1. This has caused concern because one third of all those with the AIDS virus were adolescents, and the incidence among female adolescents was almost equal to that among male adolescents.

There were 66 children discovered to have the AIDS virus (0.26 percent) of whom 17 were male and 49 were female. This provided a male to female ratio of 1 to 2.88 (almost 1 to 3). This reflected the problem that female children were three times more likely to get AIDS as male children because the demand for female child prostitutes has increased greatly in the prostitution market and the pleasure houses of which there are many in this country.

In addition there have been 10 infants born of mothers with AIDS, four male and six female, of whom seven have the complete AIDS symptoms and three have the initial symptoms. There have been another 146 infants born of mothers with AIDS who are waiting for the results of blood tests. Normally one must wait 15 to 18 months to test for AIDS in the blood. These figures are derived just from the testing done, and the actual figures for those with AIDS would probably be many times higher if more had had blood tests.

AIDS among Thai women and children will probably spread rapidly in the future similar to the rapid spread via sexual transmission experienced in other countries. Here it will spread via heterosexual transmission and will spread to 30 percent of the infants. If these infants do not get AIDS, they will lose their parents because if one looks at the percentages which make up the total for those with AIDS at the end of 1990, 25,362, and compare that with the end of 1989, it indicates that AIDS is spreading more and more rapidly via sexual transmission.

The data derived from blood tests for AIDS (table 1) also indicated the means of transmission and the form of the disease. This data indicated the problem of AIDS spread via sexual transmission which increased 290 percent in

1990. In particular AIDS spread via heterosexual transmission increased 612 percent in one year among men and 236 percent among women. This caused concern about the effect on women and children later on because if we are not able to control the behavior of these men and women with AIDS and prevent them from spreading the disease to their sexual partners and spouses by reducing promiscuity and by the use of condoms whenever necessary, AIDS will spread quickly to the family and the children.

3. How much have the battle to provide information and the project to control AIDS slowed down its spread?

This is determined from examining the results of blood tests taken every six months among high-risk individuals throughout the country (every June and December) to assess the severity of the AIDS problem and the effectiveness of the battle to provide information to the people and to change their behavior in order to combat the spread of AIDS such as by reducing sexual promiscuity, using condoms when necessary, not sharing needles among drug users or disinfecting the needle and syringe after each use etc. At the same time the medical profession is trying to supervise the blood supply and medical equipment to avoid AIDS contamination.

The six month blood tests conducted in December and June 1990 indicated the spread of AIDS among high-risk groups. It was found that during the one year period between June 1989 and June 1990 the various high-risk groups experienced the increases or decreases in the incidence of AIDS indicated in table 2.

The increases in the incidence of AIDS among female prostitutes and men tested for venereal disease (men using prostitutes) reflected an increase in the spread via heterosexual transmission. AIDS began to spread to pregnant women and the whole family. Prisoners of reproductive age were also experiencing an increase of AIDS. The professions of the 25,342 persons of reproductive age with the AIDS virus which had the greatest number of victims in order were: unskilled workers, prisoners, prostitutes, merchants, farmers, workers, soldiers, fishermen and students.

4. Summary

This overview indicates that AIDS is spreading rapidly and that there is a tendency for sexual transmission to increase and spread AIDS to the family, which will certainly effect Thai children in the future.

At the same time this overview reflects the search for information about AIDS and for methods by which people of all groups, ages and professions can protect themselves. This must continue urgently. It is considered to be a good sign that the leaders of various branches and all levels of women's organizations have joined forces with this battle so that the family will help in changing and controlling the promiscuous behavior of husbands and children and in correcting the primary causes of the trade in female prostitutes, male and female child prostitutes and child sex slaves as well as the various pleasure

houses which encourage sexual contamination and promiscuity. The time will probably come when all will need to control their sexual desires, and those who derived profit and pleasure and created these cruel problems for

their descendents will have to control their desires and solve these problems before it is too late.

"The children of today may all have the privilege of having AIDS by the end of the decade".

Table 1

Description	As of December 1989	As of December 1990	Percentage increase
1. The total number of People with AIDS	13,486	25,352	88
2. The number with the complete AIDS symptoms	34	75	120
3. The number with the initial AIDS symptoms	103	235	128
4. The means of transmission			
4.1 Sexual transmission	1,918 (14.2 percent)	7,487 (29.5 percent)	290
- Homosexual men	87 (0.6 percent)	118 (0.5 percent)	36
- Bisexual men	99 (0.7 percent)	120 (0.5 percent)	21
- Heterosexual men	386 (2.9 percent)	2,749 (10.8 percent)	612
- Heterosexual women	1,346 (10.0 percent)	4,500 (17.8 percent)	234
4.2 Intravenous drug use	10,497 (77.8 percent)	15,395 (60.7 percent)	47
4.3 Blood transfusions	25 (0.2 percent)	40 (0.2 percent)	60
4.4 From the mother	4 (0.03 percent)	10 (0.02 percent)	150
4.5 Unknown	1,042 (7.7 percent)	2,410 (9.5 percent)	131

Table 2

Disclosed female prostitutes	Increase in the incidence of AIDS: 180 percent (from 3.5 percent to 9.8 percent)
Undisclosed female prostitutes	Increase in the incidence of AIDS: 100 percent (from 0 percent to 1 percent)
Men tested for venereal disease	Increase in the incidence of AIDS: 250 percent (from 0 percent to 2.5 percent)
Intravenous drug addicts	Decrease in the incidence of AIDS: 23.4 percent (from 41 percent to 31.4 percent)
Male prisoners	Increase in the incidence of AIDS: 25 percent (from 8 to 10 percent)
Pregnant women	No nationwide statistics developed but there were 146 cases

Phayao AIDS Cases Profiled; Drug Factor Drops

91WE0223B Bangkok SIAM RAT in Thai
28 Jan 91 p 16

[Text] Dr. Prayong Temchawala, a public health official in Phayao Province, said that 557 people with the AIDS virus have been found in Phayao Province, which places Phayao third in terms of number of cases nationwide. Of these people, seven have AIDS-related symptoms, and 550 have the virus but no symptoms, although they can spread the disease. Of those who can spread the disease, 190, or 34 percent, are prostitutes; 20 percent are drug addicts; 14 percent are men who frequent brothels; 7 percent are blood donors; 1 percent are people who contracted the disease from their mother; and 24 percent are people whose risk factor is unknown.

Dr. Prayong said that a survey of 386 prostitutes at 66 brothels in the province found that 190 prostitutes can transmit the disease, which is a very alarming statistic. Because based on statistics nationwide, on the average, each prostitute serves four customers a day. But in

Phayao Province, each prostitute serves about nine customers a day. In Chun District, for example, "based on these data, if a prostitute serves an average of five customers a day, with 190 prostitutes capable of spreading this disease, 10 percent of the men who have sex with a prostitute and who do not protect themselves by using a condom can contract AIDS. Thus, each day, nine-10 men may contract AIDS," said Dr. Prayong.

The Phayao provincial public health official also said that studies conducted in the area during the period December 1989 to June 1990 showed that the rate of incidence among prostitutes has risen from 26 percent to 42.5 percent. The rate of incidence among men who use the services of prostitutes has risen from 14 percent to 16 percent. But the incidence among drug addicts has declined from 45 percent to 40 percent. "These data show that prostitutes are the largest group capable of spreading AIDS, and they spread the disease very quickly. Phayao Province is trying to control this by holding seminars for the owners and managers of brothels and prostitutes, with three people from each

place, and urging them to tell customers to use condoms; otherwise, they won't serve them and will gladly return their money."

Dr. Prayong also said that 40 of the prostitutes are hill tribesmen. Of these, 24 have the AIDS virus. Three come from Pond District. The rest come from Chiang Rai Province.

Red Cross Specialist Comments on AIDS Spread

*91WE0210A Bangkok THAI RAT in Thai
20 Jan 91 pp 1, 22*

[Excerpts] [passage omitted] In an interview on 19 Jan, Dr. Wirasit Sitthitrai, the deputy director of the AIDS Project of the Thai Red Cross, said that initially, AIDS spread in Thailand among homosexuals and intravenous drug users. Then, in 1989, the disease began spreading among heterosexuals, that is, people in general. In 1990, the disease began appearing among family members, that is, spouses and children, which is something that had never happened before. Studies conducted by the Thai Red Cross have found that approximately 1-3 percent of today's pregnant women have the AIDS virus. Thus, of the 1 million children born each year, at least 10,000 are in danger of contracting the AIDS virus, and of these, at least 2,500 will definitely contract the disease each year. These children will pose a heavy burden on society, because their parents will probably die of AIDS and their other relatives will probably refuse to raise them. Most of these children will die by the age of two, and they will suffer terribly.

Dr. Wirasit said that the studies have shown that 47 percent of the Thai male population has sexual relations

for the first time between the ages of 15 and 17, and approximately 40 percent contract a venereal disease for the first time at this age. Another 38 percent have sexual relations when they are 18-20 years old, and 36 percent contract a venereal disease for the first time at this age. Eleven percent have sexual relations for the first time when they are 21-24, and 23 percent contract a venereal disease. Something to note is that 5 percent have their first sexual relationship when they are only 12-14 years old, and 1 percent contract a venereal disease. This shows that our younger generation runs a great risk of contracting AIDS, particularly those in the 15-17 year old age group. They contract contagious venereal diseases because they don't wear condoms, and 40 percent contract AIDS. Thus, it is the duty of educational officials to inform youths about AIDS, particularly those age 15, before they have sexual relations for the first time so that they understand the AIDS disease and refrain from having sex or protect themselves by using a condom each time. As for children below the age of 12, officials should provide them with basic knowledge about AIDS so that these children refrain from engaging in sexual relations and don't contract the disease through ignorance. Because 5 percent of the male youths have sex for the first time around this age. [passage omitted]

Mr. Kowit Woraphiphat, the director-general of the Department of General Education, said that it is difficult to believe these statistics. He said that he plans to review this study, because there are now very different statistics about AIDS. He said that secondary school students throughout the nation are very well informed about AIDS, because they have all written essays about this. In school year 1991, he will have them write about this again.

POLAND

AIDS Threat Greater Than Stated

91WE0192A Poznan WPROST in Polish No 50,
16 Dec 90 pp 21-25

[Article by Janusz Michalak: "HIV Hastens the Course of Death"]

[Excerpts] "If nothing changes within several years, then everyone who reads this book," writes Dr. Patrick Dixon in "Youth and AIDS," "will most likely personally know someone who has died from AIDS."

"Everyone who has the disease can infect the next person in a long chain reaction. For example, in the first year there are only two infected persons in a club but within 10 months, this number increases to four. By the end of the following year, the number of infections increases to eight and a year later, there are already 16 of them. Everyone feels and looks great. No one suspects that something is wrong."

"After a lapse of another 18 months, 40 persons from the same club are already infected and a year later, nearly 100. And then, a well-known member of the club comes down with some sort of mysterious, viral disease. He is out of circulation for six weeks. When he appears on the social scene, he looks very tired but within a week or two, he is back to normal. A half a year later, his friends notice that he is losing weight and one evening, after supper he is taken to the hospital because of difficulty in breathing. He has had this problem for several days already and has been coughing as well."

"The next day, a friend who has come to visit him finds out that the patient has died from pneumonia in the intensive care ward. A week later, the brother of the deceased mentions in a bar that the doctors suspect the death was due to AIDS."

"That same night the 102nd person from the club became infected; she took a risk with someone who was potentially 'safe.'"

"Thus, now you know that if 10 people in your city or town have died from AIDS, it is possible that 1,000 people are walking about the streets feeling fantastic but carrying the deadly virus."

Dr. Zbigniew Halat, an epidemiologist from Wroclaw: "At least 100,000 people are walking around spreading the HIV virus. The epidemic is growing silently and somehow no one notices it. However, this is not surprising since we are not conducting appropriate tests. We know, for example, that 70 percent of the thus far confirmed carriers of the virus are drug addicts. Meanwhile, only 7,787 tests have been conducted (one out of every 20 tests has proven positive for the virus) of the 200,000 Polish drug addicts. Or let us take the case of prostitutes. In our country only those who cause a disturbance are tested. In 1986, we had 12,500 prostitutes on record, and in 1989, 5,600 HIV tests were carried out and only nine infections found."

"People submit themselves to testing only in truly compelling situations. Even though the tests are already available to everyone, the fact that they are not anonymous acts as a deterrent. Furthermore, an aggressive attitude toward carriers of the virus causes those who may suspect that they are infected to avoid having this fact confirmed or they rule it out. Consequently, they are extremely dangerous to society."

"In our country, just as great a danger lurks in the blood bank. Unfortunately, it is not customary to mention that the blood test of an HIV infected individual does not reveal the development of antibodies until the third month from the day of infection and perhaps even until the sixth month; there are cases where nothing is detected for up to a year. In the United States, the risk of becoming infected with the HIV virus as a result of a blood transfusion from a donor not exhibiting antibodies has been estimated as one in 36,000. Thus, if someone receives six units of blood, the risk is one in 6,000."

"I know drug addicts who go to places where they are not known to donate blood and obtain specific privileges from this. No wonder, therefore, that even when the frequency of discovering infected donors is dropping in European countries of the WHO [World Health Organization] region, in Poland their number has been growing in recent years."

"Besides this, the anti-AIDS propaganda in Poland is disastrous. Erroneous instructions are given out in which, for example, the role of condoms is glorified (whereas they are only 90 percent effective worldwide); it is not being stated outright that anyone who has had a casual sexual encounter can realistically eliminate the possibility of infection only after testing conducted at least a half-year or even a year later. Money is lacking for protective measures for medical personnel. Consequently, in Poland as in Africa, there exists the serious threat of transferring the HIV infection during medical treatment."

"Instead, the funds which one hears at every turn are being allocated for the battle with AIDS, are perhaps being spent on nonsensical leaflets or visits abroad by professors. In any case, somehow this money does not reach us in the provinces." [passage omitted]

Zbigniew Lew-Starowicz, sexologist: "As far as AIDS is concerned, the Polish medical authorities have a decidedly overly positive frame of mind.... There is talk in our country about drug addicts infected with the virus. Meanwhile, it follows from my discernment of things, that the majority of carriers of the virus are to be found among Polish homosexuals. According to my estimates, out of 1 million Polish homosexuals, 60,000 are carrying the virus."

"Attention is also not paid in our country to the very alarming phenomenon of growing heterosexual prostitution among young men. Very many provide sexual services abroad or entertain foreign partners here at home. This is the basis for the third cause of the spread of infections (from other countries) in Poland which places us in a similar situation as Latin American and Mediterranean countries." [passage omitted]

"My name is Marek. I am an HIV carrier. I have no place nor any money to live. Help me."

His head lowered; a box with a handful of money in front of him, he is kneeling right in the midst of throngs of people passing by in front of the Dom Centrum [downtown department stores] in Warsaw.

How much does he "take in?" Between 100,000 and 200,000 zloty daily. But he must "pay off a group of skinheads" so they don't beat him up. Besides this, some threatening competition has suddenly appeared: Romanian women begging with small children in their arms.

His story is commonplace. His friends in school taught him to "inhale." Then came the turn for "compote"; running away from home; staying in various centers. The result of an incidental test for HIV: positive. How did he become infected? The naivete of the question provokes a smile: "In Warsaw probably all drug addicts test positive...." [passage omitted]

Marek Kotanski is furious and bitter. He was beaten up recently and the AIDS victims entrusted to his care evicted by the local population from yet another center (he now houses them in the basement of a MONAR [Young Peoples Movement to Combat Drug Addiction] center). In addition, the country's head nurse has let loose a press campaign against him accusing him of exorbitant profits, autocracy, and "political ties to the former regime."

"I simply happened to live in those times; I was no one's puppet and I did not take coupons to obtain a small Polish Fiat nor did I accept any gifts....," he strains the words through his teeth. "Despite all of this, I will not give up; I have been taking care of people rejected by society for 20 years and I will continue doing this. If they do not allow me to do this 'officially,' I will act on my own. I know that I am needed because Poland has no traditions of working with oddities. That is why, for example, I have recently opened up a coffee house for homosexuals so that they have a place to get together. We are in need of an intense campaign in Poland showing that these people have the same needs as everyone else; that Poles should be more tolerant, toward HIV carriers as well as those who want nothing more than some warm soup and a place to live. Since there are shelters for animals, then I would think that these people are also entitled to something like this...."

"For the time being, between four and nine 'positives' have been placed in each of the 18 MONAR centers. However, they are perfectly aware that they are staying in ghettos surrounded by hatred."

In reality, however, Kotanski does not believe in the power of persuasion: "If some sort of legislation does not come out to protect HIV carriers in Poland, their situation will continue to worsen. And it is only then that some of them, treated like hounded animals, may become dangerous...." [passage omitted]

Prof. Jacek Juszczuk, member of the Council for AIDS, feels that we must maintain restraint and a rational attitude toward the AIDS problem in Poland. In our

country, the AIDS epidemic is late in coming in comparison with West European countries by about five years according to estimates of WHO experts. And this perhaps is the only delay of which we should be happy.

Therefore, we still have a little time which should be used effectively. "Above all," claims Prof. Juszczuk, "for reforming the entire health service and creating new, socially valuable goals for young people that would encourage them to lead a healthier life-style and consciously give up drugs, for example.

"For the time being, however, studies have shown that despite the seeming 'popularity' of AIDS, the so-called sexual behavior of Poles has not undergone any changes whatsoever. Young people are engaging in sexual relations at an increasingly younger age and the number of extramarital affairs is also increasing. The AIDS virus is reaping its harvest unnoticably for the time being...." [passage omitted]

World medical statistics report as many as 283,000 recorded cases of AIDS. In both of the Americas, there are more than 170,000 of them; in African—over 71,000; in Europe—over 38,000 whereas in Asia, AIDS has been confirmed in only 785 people and in Oceania—in 2,134.

In Europe, AIDS is taking its greatest toll in France where nearly 10,000 people are suffering from this disease; more than 6,000 in Italy and Spain, and in the former FRG there are more than 5,000 of them.

In Poland, 1,231 people infected with the HIV virus have been recorded thus far. Of this number, 859 have used drugs intravenously.

The register of those suffering from AIDS in Poland encompasses 43 persons of whom 29 have already died. Men are still dominant among those infected with the virus but the number of infected women, especially drug addicts, is growing rapidly.

Current HIV, AIDS Statistics

91P20218A Warsaw *SLUZBA ZDROWIA*
in Polish No 5, 3-9 Feb 91 p 2

[Prepared by Dr. Wanda Szata, Epidemiology Section of the State Institute of Hygiene: "HIV Carriers and AIDS Victims"]

[Text] Between 1-15 December 1990, 39 Polish citizens were confirmed as HIV-positive; of this number, 32 were described as intravenous drug users. Between 16-31 December 1990, 23 Poles were confirmed as HIV-positive, with 19 of them being intravenous drug users.

In December 1990, three bisexual men, ages 46, 47, and 54, were reported as ill with AIDS.

Since the implementation of AIDS testing in 1985 through 31 December 1990, a total of 1,435 Poles have been confirmed as HIV-positive, with 1,026 of them classified as intravenous drug users.

Fifty people have been registered as ill with AIDS, of whom 30 have since died.

BRAZIL**AIDS: Behavior, Fears, Figures Examined****DataFolha Poll Findings**

91WE0184A Rio de Janeiro O GLOBO in Portuguese
13 Jan 91 pp 10, 11

[Excerpts] The fear of AIDS has risen in the last three years, according to a poll conducted by DataFolha between 14 and 21 December in Rio de Janeiro, Sao Paulo, Belo Horizonte, and Recife. In interviews with 2,533 people in the four capitals, the institute learned that 71 percent of the respondents were afraid of contracting the disease. The last DataFolha survey on AIDS, taken in February 1987, indicated that 67 percent of those interviewed were afraid of being infected with the AIDS virus.

In Sao Paulo, DataFolha also conducted a behavioral survey among three specific segments of the population, interviewing 240 young people from 15 to 24 years of age, 201 homosexuals and bisexuals, and 102 street prostitutes. The fear of AIDS was greatest among the young people; 71 percent of the respondents said the primary reason for their fear is that the disease is incurable and fatal.

Among those who said they did not fear AIDS (28 percent of the respondents), 38 percent assured that they were well informed, used prophylactics and took a series of preventive measures. Another 17 percent said they were monogamous, and 15 percent of the respondents said they were not afraid because they were not homosexual and were not in high risk groups.

Trust in their partners and selectivity in sexual relations were mentioned by 13 percent of the respondents who said they did not fear AIDS; 11 percent of the respondents said there was no point in worrying, adding: "If you catch it, you catch it."

Although 72 percent of those interviewed by DataFolha said they were well informed about the disease, many of them still believe in methods of infection that have been ruled out scientifically: 78 percent of the respondents believed that AIDS could be contracted through dental treatment; 68 percent were afraid of being infected by a manicure or a shave; 52 percent feared mosquito bites; 44 percent thought they could be infected by toilets; and 38 percent believed that the AIDS virus could be transmitted by a kiss on the mouth.

However, most of the respondents (98 percent and 97 percent [as published]) correctly identified the three methods of infection: sexual intercourse, blood transfusions, and contaminated needles.

Selectivity in Partners

Some 35 percent of the respondents in the four capitals said they had altered their behavior and sex habits because of AIDS. Selectivity or limitation of the number of partners was the primary change reported by 49 percent of the respondents who acknowledged a change

in their sex habits. The use of prophylactics has become a part of life for an average of 36 percent of the respondents in each of the four capitals. Sao Paulo had the highest percentage (50 percent) of respondents who said they were using condoms for protection against AIDS, as against 22 percent in Rio de Janeiro, 20 percent in Belo Horizonte, and 18 percent in Recife.

Rio residents put less emphasis on using prophylactics than on exercising caution with regard to blood transfusions, injections and hospital contamination (31 percent indicated a change in their habits in this area). In Sao Paulo, only 5 percent of those interviewed were concerned about this. Among the Sao Paulo residents, the third most important change in habits to prevent AIDS (mentioned by 10 percent of the respondents) was to cut down on or stop having sex with male or female prostitutes or transvestites. This was cited by the same percentage of respondents in Recife. Only 5 percent of the respondents in Rio and 2 percent of the respondents in Belo Horizonte mentioned this change in habits.

In the four capitals, 8 percent of the respondents said that fear of AIDS had led them to limit their sexual activity to their boy friend/girl friend or spouse. AIDS led 6 percent of the respondents to be more careful about personal hygiene. In Sao Paulo, 7 percent of those interviewed had become more selective about the places they frequented. The population of Belo Horizonte is the most fearful about AIDS; 9 percent of the respondents are not engaging in any type of sexual relations, as against 7 percent in Recife, 4 percent in Rio de Janeiro, and 2 percent in Sao Paulo. [passage omitted]

Mystery to Many

[Passage omitted] Young people from 15 to 24 years of age admit they are poorly informed about AIDS. Only 51 percent said they were well informed, whereas 17 percent said they had little information about AIDS and 4 percent admitted they were misinformed.

Prostitutes Changing Habits

According to most of the prostitutes in Sao Paulo, AIDS and the Government Economic Policy are primarily responsible for their reduced clientele last year. Among those interviewed, 53 percent pointed to AIDS as the reason for the drop in demand for their services. However, 73 percent of the prostitutes said the Collor Plan was responsible for the loss of clients.

Almost all the prostitutes—93 percent of those interviewed in Sao Paulo—particularly mentioned the use of condoms as a precaution to avoid contracting AIDS. Gynecological consultations and periodic examinations were the second most important precaution named for the prevention of venereal diseases.

The choice of clients—preferably those known to the prostitutes and considered cleaner—and care to avoid kissing on the mouth were precautions taken by 18 percent of the respondents. Some 10 percent said they took the precaution of washing themselves and their

clients before intercourse. Another precaution, noted by 9 percent of the prostitutes, was the avoidance of drugs and drug users; 6 percent of the respondents chose not to engage in oral and anal sex.

While listing the precautions they had adopted for fear of AIDS, 51 percent of the prostitutes said they had not noticed any change in the behavior of their clients. Only 29 percent said their customers were insisting on the use of prophylactics and 8 percent said their clientele had been avoiding oral sex and kissing on the mouth. However, 4 percent said there were still clients who had not changed their habits and did not want to use condoms.

An absolute majority of the prostitutes (63 percent) said they had already been tested for the AIDS virus; 7 percent had been tested once, 25 percent said they had taken the test twice, and 23 percent said they had been tested three times or more. Unlike the prostitutes, most (87 percent) of the young people interviewed in Sao Paulo had not been tested. Among homosexuals and bisexuals, 49 percent had not been tested for AIDS.

Fewer Partners

The DataFolha survey found that between December 1985 and December 1990, a growing number of young people and homosexuals or bisexuals in Sao Paulo became concerned about limiting the number of partners with whom they had sex. Five years ago, only 18 percent of the young people said they had cut back on the number of partners. In 1990, this was true of 46 percent of the young people in the Sao Paulo capital.

In 1985, among homosexuals and bisexuals, 38 percent had decided to limit the number of partners. By 1987 the figure had reached 57 percent; it dropped to 52 percent in April 1988 and to 46 percent in December 1990.

Rising Rate Among Women

91WE0184B Rio de Janeiro O GLOBO in Portuguese
13 Jan 91 p 10

[Interview with Carlos Alberto Moraes de Sa, director of the National AIDS Referral Center, by Tesla Coutinho, place and date not given: "Growing Infection Among Women"; first two paragraphs are O GLOBO introduction]

[Text] Carlos Alberto Moraes de Sa, director of the National AIDS Referral Center of the Gaffree and Guinle University Hospital, points to the number of women infected with AIDS as an indication that the virus is continuing to spread, especially through bisexuals. In 1983, the proportion was one woman for every 14 men infected with AIDS. Today the ratio is one female to every eight males.

Today, partners of bisexuals are the third largest group in incidence of infection, after homosexuals (40 percent of the cases) and bisexuals (30 percent). Moraes da Sa does not believe the Brazilian population has altered its habits because of the disease and is critical of the education campaigns. In his opinion, the crisis of credibility of the

authorities and the weakening of the institutions are directly affecting the program for prevention and treatment and that discrimination against AIDS patients begins in the health system.

Coutinho: In a recent DataFolha survey, 35 percent of the respondents said they had altered their behavior and sexual practices because of AIDS. This is larger than the incidence observed by the same research institute in 1987. Are you seeing this change in your work?

Moraes de Sa: People say they have changed their sex habits, but they haven't. They may take preventive measures occasionally, but they should be taking them all the time. There is one analysis of official sexual behavior and another one for unofficial sexual behavior. It is the latter that is responsible for the spread of the disease. People are not practicing safe sex. The result of this is what we call the "Latinization" phenomenon: the spread of the virus from men to women. The incidence of infection has increased since 1988. In 1988, about 50 to 60 percent of the bisexuals were infected. Today the rate is 78 percent.

Coutinho: What is the Latinization phenomenon?

Moraes de Sa: There are homosexuals who marry, either because they fear AIDS or to give the public impression that they are heterosexual. This is one side of bisexuality. The other is the individual who is basically heterosexual, but may occasionally engage in homosexual sex. He makes a slip and contracts the virus. Between these two extremes, there is the typical bisexual, the Don Juan who carries on with all the women, not because he likes women but because he cannot find his sexual identity with any one of them. So he goes looking for a man. And he ends up having relations with both men and women. Actually, this big macho type not only takes the active role in sex, but also the passive role. But he does not admit to it. It is through this type of relations that the bisexuals are passing the virus on to the women.

Coutinho: But are bisexuals showing a preference for women because of AIDS? Are women now seen as a way of escaping the disease?

Moraes de Sa: I do not get this feeling. The bisexuals may be having sex with men less frequently and more often with women. But I have no data on which to base this. Infection has risen in the risk groups. Sex without love leads to a multiplicity of partners, and in this case the risk of encountering an infected partner is very high. People claim: "I trust him." And I say: "You trusted; you got taken." Because fidelity exists only in theory; it does not exist in practice.

Coutinho: The prevention campaigns have not altered the sexual behavior of the Brazilians? You do not believe people are taking preventive measures?

Moraes de Sa: I think not. We have the case of a young girl who is in love with a bisexual. I use bisexual as a conceptual term, because, to her, he is heterosexual, but to his sex partner, he is homosexual. He has AIDS and he has infected two girls. She is one of them and is in serious

shape. But they went to a motel and she got pregnant—even knowing that if she got pregnant she would not be able to fight the disease, or that even if she resisted it, there was no guarantee that the child would not be born with AIDS as well. Where is the safe sex here?

Coutinho: Have you observed that people are better informed about AIDS, even if they are not taking precautions? Are more people seeking information at the Gaffree and Guinle Hospital?

Moraes de Sa: This has increased. Our patients are well informed, but this is a very small portion of the population. In general, people are badly misinformed. They do not know the basics: that if they receive [contaminated] sperm (in the anus or vagina) or contaminated blood (either in blood transfusions or indirectly because an injection of drugs could contain diluted blood), they run the risk of contracting the disease.

The individual has to guard against this and not against kissing, manicures or the dentist. There is so much misinformation that I have already had a phone call from a woman asking how many condoms she should be swallowing per day.

Coutinho: Gaffree and Guinle is known as a referral center for AIDS patients. What is the situation at the hospital today?

Moraes de Sa: I am worried. We have about a thousand people who test positive and I think we will have another thousand in six months. We are not equipped to care for all of them. The hospital is almost bankrupt. It is short of nurses and we are expecting a request to retire 40 employees because of the Unified Civil Service System. We are experiencing what I call the Pontius Pilate syndrome. Both the private and public health systems say they are not in a position to treat AIDS patients. They say it is a complex disease and refer their patients to Gaffree. It is impossible to accept that AIDS patients cannot be treated by any doctor. The AIDS patient has diarrhea, pneumonia, tuberculosis, infection of the central nervous system—and he needs to be diagnosed and given antibiotics. Any physician who says he does not know how to treat these diseases should have his license revoked. A hospital that says it cannot treat AIDS patients should be shut down.

Coutinho: Why do you think the health system is rejecting AIDS patients?

Moraes de Sa: Prejudice. Brazilian society is deeply prejudiced. It is the only society in the world that has coined a name for a patient who has AIDS: "aidetico." He is given a label that guarantees that he will be identified and discriminated against everywhere.

Coutinho: The survey found that the fear of AIDS had risen. But you assure us that preventive measures are not being taken. Are the education campaigns not working? Where is the problem?

Moraes de Sa: People are fearful, but they are not using condoms because they do not consider themselves targets. We are experiencing a crisis of education and of credibility. The health situation is chaotic. We are not eradicating mosquitoes or barber bugs or snails. We are not vaccinating our children, much less solving a sex-related problem of such complexity that even the most developed countries, which have eradicated the mosquitoes, barber bugs, and snails and have vaccinated their children, have not been able to deal with it. The great mistake of the publicists is in thinking they are educators. Very often they put out information that is technically incorrect—for example, saying that AIDS is transmitted by females. There was a campaign that presented a picture of a woman, with the words: "You cannot see AIDS by looking at a face." It should have been a picture of a man, with a man's face. The latest campaign ad shows a couple with targets superimposed on their sex organs, although, in heterosexual relations, the primary means of transmission of the virus is by anal sex. The risk is five times as great as it is in the case of vaginal sex. This does not come out in the campaign.

Coutinho: Has there been an increase in requests for test to detect AIDS?

Moraes de Sa: Yes. The rise in the number of people seeking tests is proportional to the rise in cases. An increase of 15 percent per month.

Coutinho: Is it common for an individual to take the test several times?

Moraes de Sa: Yes. We call it AIDS phobia. We are doing about 100 tests a month. If people do not curb the demand, the system will founder. Education is necessary, but the method has fostered the spread of the disease. It is a perfect culture medium for the continued growth of the virus. If people are not properly educated, within five years there will be no one who does not have a friend, relative, or neighbor who has contracted the AIDS virus.

Over 14,000 Victims in 10 Years

91WE0184C Rio de Janeiro O GLOBO in Portuguese
13 Jan 91 p 11

[Text] Brasilia—From 10 years ago, when it first appeared in Brazil, to the end of last September, 14,549 people have contracted AIDS. The first case was reported in 1980, in Sao Paulo. Today Brazil ranks fourth in the number of AIDS cases, after the United States, Uganda, and Zaire. Of the 30 cities with the highest incidence of the disease, 13 are in Sao Paulo State.

Brazilian Cities Most Affected by AIDS

Município	Number of Cases	Incidence*
Sao Paulo	6,299	64
Rio	1,792	32
Santos	468	103
Porto Alegre	438	35
Salvador	217	12
Belo Horizonte	213	10
Recife	190	15
Santo Andre	152	24
Ribeirao Preto	148	39
Campinas	146	18
Osasco	144	25
Guarulhos	136	20
Fortaleza	135	9
Curitiba	128	10
Brasilia	124	8
Sao Jose do Rio Preto	115	52
Sao Bernardo do Campos	111	20
Goiania	94	10
Sao Vicente	84	36
Campo Grande	79	21
Guarujá	78	42
Sao Jose dos Campos	75	21
Cuiaba	70	26
Niteroi	70	15
Sorocaba	61	19
Maceio	53	11
Florianopolis	49	23
Natal	48	10
Sao Luis	47	9
Juiz de Fora	46	13
Total	14,549	11

* Number per 100,000 inhabitants

Rio de Janeiro, which ranks second in absolute numbers of AIDS cases, did not record its first case until 1982, whereas Sao Paulo already had four AIDS patients by then. Limited initially to homosexuals, Acquired Immune Deficiency Syndrome began to affect Brazilian women in 1983. Drug use was the principal cause of infection among women. In 1986, there were 54 women with AIDS in Brazil and 16 percent of them were drug addicts. Today, 36 percent of female AIDS patients are drug addicts.

"It is necessary to work especially with the addicts, because the number of cases has risen greatly in this group," said Eduardo Cortes, director of the Division of Sexually Transmitted Diseases, of the Ministry of Health.

He believes that Brazil will continue to have about 700 new cases of AIDS a month. By the end of 1991, between 25,000 and 30,000 people who are already HIV-positive will present symptoms of the disease. According to Cortes, at the beginning of the 1980's, AIDS was affecting people in a higher economic bracket, but now most of the cases are appearing among the population with less purchasing power.

CUBA

HIV Carriers Total 551; Sanatorium Program Expanded

FL2102142091 Havana Tele Rebelde Network in Spanish 1400 GMT 21 Feb 91

[Text] More than 9,600,000 tests have been made from 1986 to date in search of carriers of the AIDS virus; 250,000 of these tests have been made this year. As of yesterday, 551 people had been diagnosed as carriers of the human immunodeficiency virus. Of these, 400 were men and 151 were women. Of the above figure, 70 have become ill with AIDS and 40 others have already died.

During 1990 and so far in 1991, a trend has been observed of an increase in carriers of the virus among persons under age 20. Currently, treatment in sanatoriums, which began in Havana, has been expanded to Sancti Spiritus, Granma, Ciego de Avila, Villa Clara, and Guantanamo Provinces. The Ministry of Public Health also plans to open similar centers in Holguin, Santiago de Cuba, and Pinar del Rio Provinces.

GUYANA

Rights Group Says Prison Conditions 'National Crisis'

FL1302222191 Bridgetown CANA in English 2008 GMT 13 Feb 91

[Text] Georgetown, Guyana, Feb, 13, CANA—The Guyana Human Rights Association (GHRA) on Tuesday said prison conditions here constituted a national crisis, with starvation and AIDS producing high levels of deaths.

In a statement, the GHRA said there was "a dangerously high incidence" of the AIDS virus among inmates of the Georgetown prisons. Quoting unnamed experts, the human rights group further described the prison as a "bridge" taking the AIDS virus from high risk groups in an environment with high homosexual activity to families and contacts of prisoners on their release.

"Continued complacency by the government, judiciary, and the population at large over sub-human conditions prevailing in prison will result in a similar incidence spreading to the general population", the GHRA said. The human rights group called for a series of emergency measures to reduce the prison population to manageable proportions.

Efforts to contact home affairs minister, Stella Odie-Ali, proved futile, but permanent secretary, Fairbairn Liverpool, said the GHRA's statements were "erroneous and misleading." Liverpool said that he was preparing a response which will be released this weekend.

The GHRA, which has close connections with the Church, accused the Home Affairs Ministry of violating laws, international instruments, and prison rules. The prisons fall under the Ministry.

The recommendations included immediate suspension of mandatory remand for persons charged with drug-related offences, clearing a backlog of remand prisoners, and allowing prisoners to receive food from family and friends. The GHRA also called for permission for a feeding programme to be mounted by reputable charitable and humanitarian organisations for inmates whose relatives and friends are unable to provide them with adequate nutrition.

JAMAICA

New AIDS Cases, Survey Results Revealed

*FL0103161791 Bridgetown CANA in English
1301 GMT 1 Mar 91*

[Text] Kingston, Jamaica, Mar 1, CANA—Six new cases of AIDS (Acquired Immune Deficiency Syndrome) were reported in Jamaica in January, bringing the national total to 205, health officials said. Kingston and St. Andrew recorded the highest number, with 119, followed by the parish of St. Catherine, with 23.

At the end of February, 131 persons—including three teenagers, and 23 children under five—had died here from the disease, which attacks the body's immune system.

A survey conducted by the Ministry of Health showed that 78 percent of Jamaicans were sexually active. The survey also revealed that 26 percent of interviewees were misinformed about whether men could contract AIDS from women.

Some 44 percent of respondents said they had changed their sexual habits because of what they know about AIDS.

NICARAGUA

New AIDS Clinic Established

*91WE0206 Managua EL NUEVO DIARIO in Spanish
14 Jan 91 p 5*

[Report by Gilberto Rodriguez Rugama]

[Excerpt] Esteli—The Nimehuatzin, a nongovernment organization, will open its regional offices in Esteli on 15 January to promote specific actions against AIDS.

They selected this city because there could be a high incidence of the disease in the First Region owing to the great many citizens who have returned home from the United States, Honduras, Costa Rica, and other nations in which there have been numerous cases of this 20th century virus.

Susy Martinez, the director of the Nimehuatzin Foundation, said that the offices at TELCOR EL Calvario, 75 yards west, would treat all persons who would like to have the AIDS blood test.

She said that the office would provide services to the public in psychological treatment, social research, public education, and counseling for AIDS patients, besides promoting AIDS prevention campaigns directly with individuals.

First Victims

Three persons died of AIDS in the First Region from July to December 1990. They acquired the disease in Honduras and the United States, where they had lived for several years, according to reports from the Ministry of Health of the Segovias.

The Nicaraguan foundation Nimehuatzin has the support of international organizations. In the Indian language its name means Nahuatl, which translates as "We rise up for a just cause."

Better Than Others

Dr. Ernesto Salmeron, the minister of health, said recently that Nicaragua is the country with the fewest cases of AIDS, as so far only nine persons have died of the disease while it has been detected in 12 other individuals who are still alive. [passage omitted]

URUGUAY

Ministry Reports 10,000 Test Positive for AIDS

*PY0903200491 Montevideo Radio El Espectador
Network in Spanish 1600 GMT 9 Mar 91*

[Summary] The Public Health Ministry has reported that some 10,000 people have tested positive for AIDS in Uruguay and that some 50 percent of the 165 AIDS patients have already died.

AIDS Deaths Total 85 Since 1983; 26 in 1990

*PY2102130991 Madrid EFE in Spanish
0015 GMT 19 Feb 91*

[Summary] Montevideo, 17 Feb (EFE)—It was officially reported today that so far this year five people have died of AIDS in Uruguay. The Ministry of Public Health reported that since 1983 when the first case of AIDS was discovered in Uruguay, 174 people have developed the illness and 85 of them have died. In 1990, 85 cases of AIDS and 26 deaths were reported. In 1989, 38 cases and 22 deaths were reported.

INDIA

Doctor Says 14 AIDS Cases in West Bengal

91WD0499 Calcutta *THE STATESMAN* in English
10 Jan 91 p 3

[Text] Dr. Sandip Mukherjee of the School of Tropical Medicine said in Calcutta on Tuesday that a recent survey has revealed there are 14 people affected with

the AIDS virus in West Bengal. Dr. Mukherjee who was speaking at the 12th national conference of the Indian Rural Medical Association and the 9th Convocation of the Indian Institute of Health Training, said he hoped that an AIDS vaccine would be discovered soon. The function was attended by a large number of delegates including a four-member team from Bangladesh.

AIDS Cases Increase by Three

*LD2802213791 Moscow Domestic Service in Russian
1430 GMT 28 Feb 91*

[Summary] In the past week the number of diagnosed cases of AIDS in the USSR has risen by three, all homosexuals. The totals now diagnosed are 605 Soviet citizens and 582 foreigners. Also, in the past week three children were born of infected mothers. They have a 20 - 30 percent chance of having AIDS but this only will be clear after a year.

Foreigners remain the main source of infection in the USSR. All foreigners coming to the USSR for three months or longer are tested for AIDS. A positive test results in immediate deportation.

Turkmen SSR Enlists Private Sector in Fight Against AIDS

*OW0702081191 Moscow Central Television First
Program and Orbita Networks in Russian
1900 GMT 5 Feb 91*

[Report by O. Mekhtiyeva from Ashkhabad; from the "Utro 120 + 30" program]

[Text] The private sector is finding its way into the medical field, even into such a specific sphere as the fight against AIDS. [video shows several people operating a PC computer, diagnostic equipment]

Mekhtiyeva: An automated control system. A special program—Epidspid—has been loaded into the computer's data bank. Its application will organize the records of people already tested for the HIV infection and give an opportunity to make statistical calculations

to determine risk groups. [Video shows computer screen graphics, then cuts to show G. Karmanova, chief of the organizational methods department]

[Begin Karmanova video recording] We very much want the Union Ministry of Health to organize the introduction of this programmed information package in all republican centers for preventive measures in the fight against AIDS. Then we could exchange information between republics in a very operative way. [end recording]

Mekhtiyeva: Of course only then will there be a practical opportunity to begin forecasting the development of the epidemic. In the meantime the plague of the 20th century is advancing. Now this disease has even reached happy Turkmenia where the first case of AIDS has been recorded. This has caused alarm throughout the population. [Video show Mekhtiyeva interviewing O. Sorokin, chief of the epidemiology research department]

[Begin Sorokin video recording] Our center is well provided with diagnostic equipment, which cannot be said about the other 32 laboratories in the republic. To supply them with imported equipment—our domestic equipment is of very poor quality—convertible currency is needed, and our center has none. Many enterprises in our republic have it and often waste it on less important goods while we cannot introduce the reagent (Immunoblotik) that confirms AIDS, because we have no currency. This is why we must continually ship our tests to Moscow. This often takes a very long time and delays establishment of a final diagnosis.

So I think we should all unite in the fight against AIDS. [end recording]

CANADA

AIDS Incidence, Method of Reporting Discussed

91WE0228 Vancouver *THE SUN* in English
23 Jan 91 p A16

[Article by Nicholas Regush]

[Excerpt] Montreal—As the spread of AIDS slows in North America and the syndrome shows no sign of threatening the general heterosexual population, health authorities are bungling the chance to discover why the epidemic remains restricted to certain groups, a U.S. science historian charges.

Health officials are bean-counting cases and learning little about the people behind the AIDS statistics they tally, said Robert Root-Bernstein, associate professor of physiology at Michigan State University.

"The approach does not shed light on what makes people (in the AIDS risk groups) so vulnerable," he said in a telephone interview from East Lansing, Mich.

And it serves to stir unnecessary fears in many ordinary people that they might be as much at risk as members of the risk groups, he said.

A total of 4,647 cases have been reported to the Federal Center for AIDS in Ottawa since 1982 and about 155,000 cases to the Centers for Disease Control in Atlanta.

Male homosexuals and bisexuals represent about 80 percent of AIDS cases in Canada.

Small groups affected include recipients of blood transfusions and blood products, intravenous drug users and people from so-called "Pattern II" countries such as Haiti, where acquired immune deficiency syndrome is believed to be transmitted heterosexually. Almost half of the 57 Canadian children who developed AIDS had parents born in those countries.

Canadian doctors who report AIDS cases usually check off a box on a form indicating the group to which the patient belongs. Several risk factors are sometimes checked or written on the form.

The reports are sent to provincial health departments, which pass them on to Ottawa, where seven people track and analyze AIDS statistics.

Asked why the Ottawa center doesn't ask doctors to create medical and lifestyle profiles of AIDS patients, Maura Ricketts, a medical consultant at the center, replied: "Our job is to do basic surveillance and not investigation of cases. We leave that work to investigators."

The Ottawa center also knows little about the people infected with HIV and speculates the number is 25,000 to 50,000.

AIDS Deaths, Drop in New HIV Cases in Toronto, Vancouver

Report of 2,755 Deaths

91WE0233 Toronto *THE TORONTO STAR* in English
11 Feb 91 p A4

[Text] Between 1981 and 1990 in the United States, 100,777 people died of AIDS, and almost one-third of the deaths occurred last year, says the Centres for Disease Control in Atlanta, Georgia.

By 1988, Acquired immune deficiency syndrome had become the second-leading cause of death among American men aged 25 to 44.

In Canada, as of 7 January, 2,755 AIDS deaths had been reported to Ottawa's centre for AIDS research.

In both countries, 59 percent of AIDS deaths were homosexual or bisexual men. But in the United States, 21 percent of the victims were drug users of both sexes, whereas in Canada that figure is only 1.3 percent.

Drop in New HIV Cases

91WE0233 Toronto *THE GLOBE AND MAIL*
in English 14 Feb 90 pp A1, A2

[Article by Rod Mickleburgh: "New HIV Cases Drop in Toronto"]

[Text] Toronto public health authorities are reporting their first significant drop in the number of gay men testing positive for HIV, the virus considered to lead to AIDS.

"After five years of fairly steady numbers, this is the first turndown we've seen for gay men," said William Mindell, a researcher for the city health department.

By the time all the data for 1990 are compiled, Mr. Mindell said, the number of positive tests for human immunodeficiency virus is expected to be 25 percent lower than that for the previous year.

"We first began noticing this trend last summer," Mr. Mindell said. "We didn't say anything at the time, but it seems to have continued all year.

"It's significant when you consider that one out of every four cases of AIDS in Canada is reported right here" in Toronto.

The most recent figures indicate 688 men tested positive for HIV in the city during 1990. Mr. Mindell said that figure may change slightly as a few more results are reported, but he does not think it will change significantly.

In Vancouver, another city with a large number of cases of acquired immune deficiency syndrome, there has also been a drop in HIV-positive test results. But Ted McLean, the city's communicable-disease consultant, said he was wary of interpreting the reduction from 617 persons testing positive in 1989 to 446 last year.

"I find the numbers interesting but I'm not sure what value should be put on them," Dr. McLean said. "I know there continue to be [high-risk] people out there who refuse to be

tested at all. I also believe it's a very hazardous game to make guesses as to when people who test positive became infected."

Mr. Mindell cautioned that the Toronto numbers are still "dismal." However, he said the decrease shows that intensive AIDS-awareness and safe-sex-education programs are starting to have some impact on Toronto's gay population. "We are the most aggressive city in Canada in fighting AIDS."

He said the drop in HIV-positive results is far more accurate and important than an even more dramatic reduction in the number of new cases of AIDS reported so far in Toronto for 1990.

Although the number of AIDS cases reported by doctors has fallen nearly 50 percent, from 211 in 1989 to 110, Mr. Mindell said, the drop is misleading because HIV patients are now taking longer to develop AIDS. As well, many AIDS doctors do not report new cases until their patients die.

"Physicians are so overworked and they have so much paperwork that there's a serious under-reporting" of AIDS, Mr. Mindell said.

AIDS doctor Philip Berger said he knows of no general physician in downtown Toronto who routinely reports newly diagnosed cases of AIDS. "It just takes too much paperwork. Usually, the report doesn't go into the health department until the cause of death goes on the death certificate.

"I had a patient come in today who had a presumptive case of AIDS. Am I going to report it? Forget it. The paperwork is to exasperating and frustrating."

Meanwhile, Mr. Mindell also reported that the number of women and intravenous drug users who contract AIDS continues to be very low in Toronto.

Only seven women and nine intravenous drug users are included in the 1,018 cases of AIDS recorded in the city since 1981.

DENMARK

All-Time High Number AIDS Cases

91WE0203A Copenhagen BERLINGSKE TIDENDE
in Danish 28 Jan 91 p 15

[Unattributed article: "Rising Number of AIDS Cases"—first paragraph is BERLINGSKE TIDENDE introduction]

[Text] At year's end, a total of 718 cases of AIDS had been diagnosed here in Denmark. Medical Director Palle Juul-Jensen: "There is a tendency toward an increased spreading of the infection among heterosexuals."

The total number of recorded cases of AIDS in 1990 was the highest ever in Denmark.

In all, 179 people were diagnosed with the incurable disease, and it is possible that the figure will rise further because there is a lag between the time the disease is diagnosed and the time notification of it is received.

However, the precipitous rise in newly recorded AIDS cases from year to year appears to have tapered off. In 1989, 171 cases were recorded, in 1988, 125 cases, and in the year before that, 100 cases.

Altogether, 718 cases of AIDS had been diagnosed in Denmark by the end of the year.

Medical Director Juul-Jensen writes in the latest issue of the administrative newsletter, AIDS-NYT, that the HIV virus continues to spread in the population.

"There is a tendency toward an increased heterosexual spreading of the infection. This occurs principally through contact with men who also have sex with other men, to people from areas with a large incidence of the virus, and to needle users," writes Juul-Jensen.

He adds that the spreading of the infection among homosexual and bisexual men seems to have slowed down, but, he points out, at the same time, the largest number of infected—including newly infected—is still found among men who have sex with other men.

Of the 718 AIDS cases in Denmark, 47 are women. Of these, 21 caught the disease through heterosexual contact (sex with men), making it the most frequent way women become infected with the life-threatening virus.

Of the men, 545 received the disease through homosexual contact, making this by far the most common way men become infected. Only 41 men were infected through sex with women.

The highest number of AIDS cases was recorded in the municipality of Copenhagen, where 336 people have acquired the disease. The municipality of Frederiksberg had 92, and the County of Copenhagen had 91. AIDS, which come from the HIV virus, has been recorded in all Danish counties.

IRELAND

AIDS Deaths Total 176, More Statistics

91WE0214A Dublin IRISH INDEPENDENT
in English 4 Jan 91 p 12

[Article: "AIDS Killed 13 Last Year"]

[Text] AIDS killed 13 people in Ireland over the past year, bringing the country's total number of AIDS-related deaths to 176.

Fifty-two new cases of AIDS were confirmed by the Department of Health over the same period. Some 176 Irish people now have AIDS.

A further 1,014 people out of 41,997 tested have the HIV virus and of this number 568 are drug abusers, the IRISH MEDICAL TIMES reports.

National AIDS Co-ordinator Dr. James Walsh said that of 16,129 unspecified heterosexuals tested, 87 had the HIV virus.

As in other countries, the virus was being spread from drug abusers into the heterosexual community.

Controlling the spread of HIV among drug abusers would save the country from the worst effects of the epidemic.